Rough Rider Community Education
Registration Form

STUDENT INFORMATION

Be sure to provide accurate contact information so that you can be notified of any changes to the course.

Name:

Last	*First*	*M.I.*

Address:

Street Address	*Apartment/Unit #*

City	*State*	*ZIP Code*

Primary Phone | Alternate Phone:

Email:

Are You 16 years of age or Older   ⋯Yes   No

    If No,
    Provide the name of the person over 18 years of age who is registering and will be
        attending the classes with you.

Last	*First*	*M.I.*

COURSE INFORMATION

Include all course information so that you will be registered for the appropriate course in the location where you want to take the course.

Course Name	
Course Start Date	
Course Location	
Course Instructor	