



## **Registration Form**

Student ID:
Student 12.
Registration Date:
Registered By:

(First)			(Middle Initial)			(Last)			
Date of Birth:         □ Male □ Female									
Address:			City:			State:	Zip:_		
Parent/Guardian Contact Information:							□ Parent	□ Guardian	
Primary Phone: ()					Secondary Phone: (	)			
I grant East Central College permission to use the photographs of the above mentioned child,, in publicity materials, including, but not limited to, its websites.  Parent or Guardian's Signature: Date:									
How did you hear about ECC Summer Camps?									
Semester	Subject	Course #	Section		Title	Do	ay/Time	Fee	
	CE							\$	
	CE							\$	
	CE							\$	
	CE							\$	
Fees are due at the time of registration to secure your place in class.								\$	
Select Shirt Size. Youth:   S   M   L   XL   Adult:   S   M   L   XL									
Checks should be made payable to East Central College.					East Central College accepts the following credit cards:				
☐ Registration paid by check Check #:					□ MasterCard □ Visa □ Discover □ American Express				
					Card Number:				
☐ Registration paid by cash					Expiration Date: CVV #:				
Amount: \$ Received By:					Signature: Date:				
*cash payments only accepted at the Community Education office in Union.					Cardholder Name:				



## **Email/Mail to:**

East Central College Attn: Community Education 1964 Prairie Dell Road • Union, MO 63084 ce@eastcentral.edu



By Phone/Fax:

Phone: 636.584.6529 Fax: 636.584.8988

\*call to complete registration by credit card

Name: