Manchester Community College
2010 Motorcycle Rider Course Program Registration Form
PLEASE ENTER YOUR NAME AS IT APPEARS ON YOUR DRIVER’S LICENSE

Banner ID# (if known): ____________________________ Today’s Date: ____________________________

Social Security #: __________________ Date of Birth: __________________

Name: _______________________________________

Address: _____________________________________

City: ___________________________ State: _______________ Zip: ____________

Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: ___________________________ Email: ___________________________

Please complete the following information: Gender: Male____ Female____

Are you a Connecticut resident? (circle one) Yes / No

Have you been a Connecticut resident for at least one year? (circle one) Yes / No

Are you: (circle all applicable) American Naturalized Applied for Citizenship Student Visa

If you are not on Student Visa, please specify status: ___________________________

What is your country of origin? ___________________________

Are you a permanent resident? If so, please provide registration number ________________

Ethnicity: Caucasian/Afro-American/ Hispanic/Asian/Pacific Islander/Native American/Prefer No Response

(Please circle one)

How did you find out about the Motorcycle Program at MCC? __________________________

* If you plan on using your own Scooter (250 cc or smaller) for class, please check here ______

If yes, you must fill out the appropriate box on the State of CT Registration form enclosed.

Course fee: $200 / Type of payment: Check___ Money Order___ Please make checks payable to: MCC

Master Card/ Visa/Discover Card #: ___________________________ Exp. Date: ______

(Please circle one)

Cardholder’s Name: ___________________________ Relationship to Student: ___________

Cardholder’s Address: ___________________________

Signature: ___________________________ Total Payment: ______

PLEASE ENROLL ME IN ONE OF THESE COURSES.

Please note: Classes are on a first-come, first-serve basis. Please select 2 or 3 preferred course sections to help ensure entry into a class. You will AUTOMATICALLY be enrolled in your second or third choice if your higher choices are full. Make sure all dates fit your schedule. Confirmation with your assigned section will be mailed to your home. If enrolling with a friend, all registrations must be received together.

ABSOLUTELY NO REFUNDS or RESCHEDULING OF CLASSES!

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<tr>
<th>Choice</th>
<th>CRN #</th>
<th>BRC #</th>
<th>Start &amp; End Dates</th>
<th>Number of Sessions</th>
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Student Signature: ___________________________ Date: ________________