



Excursions in Learning Youth Programs Registration

Complete this form. One form per person. To receive friend/sibling discount, all registration forms must be submitted together. You may register by:

MAIL: Mail form and payment to Excursions Registration, MS #16, Manchester Community College, P.O. Box 1046, Manchester, CT 06045-1046.

FAX or PHONE: Complete a registration form with American Express, Discover Card, MasterCard or Visa. Fax 860-512-2801; phone 860-512-2804.

IN-PERSON: Go to the Continuing Education Office, LRC B147. Call or email for office hours.

EMAIL: Scan completed forms and attach. Call to pay by credit card. Email to larmstrong@manchestercc.edu.

APPLICANT INFORMATION

First Name		MI	Last Name		Banner ID (if known)	
New Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Grade	Any food allergies or special needs?	
Parent/Guardian Name(s)				Email for Registration Confirmation		
Home Address				City	State	Zip
Permission to photograph your child and use photographs for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Signature _____						
Home Phone		Best Phone During Class Time		Whose phone is this?		
How did you hear about us?				Summer Academy students receive a free T-shirt. (select one size) Child Size: <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) Adult Size: <input type="checkbox"/> Small (S) <input type="checkbox"/> Medium (M) <input type="checkbox"/> Large (L) <input type="checkbox"/> Extra Large (XL)		

LIST COURSES:

CRN	COURSE TITLE	COURSE DATES	TIME	ROOM	FEE	
DISCOUNT: See catalog. (select only one) <input type="checkbox"/> Early Registration <input type="checkbox"/> Multiple Sibling or Friend		Name of Sibling or Friend			TOTAL FEES: (After Discount) <input type="text"/>	

METHOD OF PAYMENT

Please indicate method of payment below. Make checks payable to MCC.

Payment Information (please check only one): <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____		
Credit Card Number	CWV Code	Expiration Date
Cardholder Signature		Date Signed
Cardholder Name (print)		Cardholder Phone
Cardholder Address		

May 2019/PR

OFFICE USE ONLY

Regis. _____

Special: _____

Receipt #: _____

Date: _____