

Manchester Community College
2018 Motorcycle Rider Education Program Registration Form
 PLEASE ENTER YOUR NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE

Banner ID# (if known): _____ **Today's Date:** _____

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ *** Email:** _____

** Note: You will receive an Email Confirmation from ceinfo@manchestercc.edu at the address you provide above. Please be sure to provide a valid email address that you regularly check and allow filters to receive the MCC 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 _____

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

** If you plan on using you 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: \$220 / Type of payment: Check ___ Money Order ___ **Please make checks payable to: MCC**

Master Card/ Visa/ American Express/ Discover Card #: _____

Exp. Date: _____ **3-Digit Security Code (CV Code):** _____

Cardholder's Name: _____ **Relationship to Student:** _____

Cardholder's Address: _____

Signature: _____ **Total Payment:** _____

PLEASE ENROLL ME IN ONE OF THESE COURSES.

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 emailed to the address provided or confirmed via telephone. There will be **no** confirmations sent via U.S. mail. If enrolling with a friend, all registrations must be received together.

Please note the Refund/Rescheduling policy listed in the Program Brochure before registering.

Choice	CRN #	BRC #	Start & End Dates	Number of Sessions
1				
2				
3				

Student Signature: _____

Date: _____