



Community and Continuing Education Course Registration Form

Contact Information

Student's Last Name _____ Student's First Name _____ M.I. _____

Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Phone# _____ Ext _____ Home Work Cell
Alt. Phone# _____ Ext _____ Home Work Cell

Sex: M F Birth Date ____/____/____

Age _____ Email Address _____@_____

Signature _____ Parent/Guardian Signature (if under 18 years of age) _____

Emergency Contact Information

Last _____ First _____ M.I. _____

Phone# _____ Ext _____ Home Work Cell
Alt. Phone# _____ Ext _____ Home Work Cell

Course of interest:

Fitness Lab

_____ \$ _____

Return to:
West Hills College Coalinga
Attn: Athletic Director Mark Gritton
300 Cherry Lane
Coalinga, CA 93210

REFUND POLICY
No refunds will be granted up to one week before class start.
Full refund will be given if class is cancelled due to low enrollment.