

COMMUNITY EDUCATION REGISTRATION FORM

Please create a student ID#. You can use any combination of 8 letters and/or numbers. This will now be your permanent Student ID.

Student ID# _ _ _ _ _

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone/Cell Phone: _____

Email address: _____ Date of Birth: ____/____/____

Please make sure you provide your email address to receive an email receipt. This information will not be shared with any other organization or company.

Sex: Male Female
 Race: 1 White 2 African American 3 American Indian/Alaskan Native 4 Asian/Pacific Islander 5 Hispanic 6 Other

Course No./Section No.	Course Title	Course Fee	Lab Fee	Total

American Express, Visa, Mastercard, or Discover card no.: _____ Total: _____
 Exp date _____

Cardholder's name and the cardholder's billing address if different from above:

Check number if registering by mail: _____
 (Make check out to SF College. Mail to: 530 W. University Ave. Gainesville, FL 32601)

Please complete the registration form and mail with check to:
 SF Community Education
 Center for Innovation & Economic Development
 530 W University Ave.
 Gainesville FL, 32601

If you do not receive a confirmation, call the Community Education office at 352-395-5193 within 24 hours.