Registration Form ² Non - Credit Classes Continuing Education, WT Bldg. 12401 SE 320 th St., Auburn, WA 98092-3622 Name: Address: City: Zip:					Quarter/Year: Student ID Number:	
				Birth Date:		
-			•		Date.	
		(day)	(evening)			
Y/Item No.	Course No.	Cou	urse Title	Start Date	Fee	
				TOTAL		
Cash (exa	act amount only)	Check (payable to GRC)	Company P.O./Voucher (cc	ppy required)		
MasterCard Visa		Credit Card No		Expiration Date		
	A II . O = ti	ing Education class of mu	ust be paid for at the time of reg	istration		

Class fees for Continuing Education classes are refundable if a student cancels at least three business days prior to the first class. Students who cancel their registrations less than three business days before the first class, do not attend class or stop attending a class will not receive a refund. A full refund is given if the college cancels a class. Unless you are notified otherwise, your registration is confirmed upon receipt of payment for class.