

O PRINTABLE REGISTRATION FORM

Mail to: WSU Community Education, 1845 Fairmount St., Box 136, Wichita, KS 67260-0136

Registrant Information:	I am registering for the following classes:	
Name	Class	Cost
Mailing address	Class	Cost
City, State & Zip	Class	Cost
Phone Number	Class	Cost
E-mail address	Class	Cost
Day Trips: Do you have any food allergies or dietary requirements?	Class	Cost
Please check your age bracket: □ 18 or under □ 19-30 □ 31-45 □ 46-60 □ 61-75 □ 75+	Class	Cost
Is this your first time taking a WSU community education class? YES NO Are you a WSU graduate? YES NO	Payment Details: Make check or money order payable to the Office of Community Education or provide the following credit card information (*A fee of \$30 will be charged for all returned checks.)	
Are you currently or have previously been employed at Wichita State University?	Card Type: Visa, Mastercard, Discover, American Express	
YES NO How did you hear about the WSU Community Education program?	Card Number	
□ Brochure received in the mail□ Brochure received on WSU Campus□ Email	Expiration Date	Security Code
□ Facebook □ Friend or Family	Name on the card	

Signature Date