

## FOR OFFICE USE ONLY

☐ PHONE

Received \_\_\_\_\_

☐ MAIL

By: \_\_\_\_\_

☐ IN-PERSON

Entered \_\_\_\_\_

☐ EMAIL

By: \_\_\_\_\_

## REGISTRATION FORM

Mail: WSU Community Education, 1845 Fairmount St., Box 136, Wichita, KS 67260-0136 | Email: community.education@wichita.edu

### Registrant Information:

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Name

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Mailing address

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City, State & Zip

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Phone Number

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E-mail address

### I am registering for the following classes:

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Class

Cost

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Class

Cost

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Class

Cost

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Class

Cost

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Class

Cost

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Class

Cost

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Class

Cost

### Class Specific Information:

**Day Trips:** Do you have any food allergies or dietary requirements?

**Tinsel & Time Travel Trip:** Club Wrap or Veggie Wrap

**Artsy Bee Paint Class:** Chiefs or Broncos

### Additional Information:

Please check your age bracket:

☐ 18 or under ☐ 19-30 ☐ 31-45 ☐ 46-60 ☐ 61-75 ☐ 75+

Is this your first time taking a WSU community education class?

YES NO

Are you a WSU graduate?

YES NO

Are you currently or have previously been employed at Wichita State University?

YES NO

How did you hear about the WSU Community Education program?

- ☐ Brochure received in the mail  
☐ Brochure received on WSU Campus  
☐ Email  
☐ Facebook  
☐ Friend or Family

### 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.)

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Card Type: Visa, Mastercard, Discover, American Express

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Card Number

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Expiration Date

Security Code

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Name on the card

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**Signature**

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**Date**