

**Indiana State University
Community and Professional Programs
Registration Form**

Name _____ Registration Date _____

Address _____

City _____ State _____ Zip _____

Work/Day Phone _____ Home/Evening Phone _____

Date of Birth _____ Cell Phone (opt.) _____

E-mail _____ Parent's Name _____

Medical Waiver N Y N/A

Non-Credit Course
(List course code and description)

Motorcycle
(List date and MRC/ERC)

Drivers Education
(List date & course code)

Payment (circle one of the following):

Cash Check# _____

Credit/Debit Card: VISA MC

Cash _____ Check# _____

VISA/MC _____ Exp. _____ Cardholder _____

Registrant's Name _____ Course Code _____