

REGISTRATION FORM

COURSE TITLE: _____

INSTRUCTOR: _____ START DATE: _____

NAME: _____

ADDRESS: _____

PHONE # _____

E-MAIL ADDRESS: _____

Enclosed with this enrollment form is my check for _____ I understand that the fee for this class is **non-refundable**. Should the class be cancelled, I understand that my fees will be refunded in full.

SIGNATURE

DATE

PLEASE REMIT TO:
EAST BAY COMMUNITY BRIDGE CENTER
9520 MOUNTAIN BLVD
OAKLAND CA 94605