



# Valley Learning Center – COMMUNITY EDUCATION

Non-Credit Registration Form

P.O. Box 130 – 219 First Street

Mountain View, WY 82939

PH: 307.782.6401 FAX: 307.782.7410

Participants Name (Last, First, Initial):			Course Name(s)	Fee	Date/Time
P. O. Box (Mailing Address):					
City:					
State:	Zip:	Childs Age:			
Home/Cell Phone		Work Phone			
Email Address:					
<i>Credit Card Info for Mail Ins Only</i>					
Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Exp Date:	Card Number:	Name on Card	
Check here if you want your name & image to be excluded from use in promotional material. <input type="checkbox"/>					
Check here if you want to be excluded from text messaging. <input type="checkbox"/>					
<i>Add us as a friend on facebook at valleylearning.com</i>					
<b>VLCCE OFFICE USE ONLY</b> Date Registered: _____ Registration taken by: _____ Payment received from: _____ Amt Received: _____ Ck# _____ Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Receipt <input type="checkbox"/>			<b>REFUND POLICY</b> Payment is required at registration and is not refundable unless a class is cancelled or the enrollee withdraws at least 1 week before the class begins. 50% refund the week of class. Sorry no refund is given if you withdraw the day of the class. Refunds will be given after the third Tuesday of the month		