

PARTICIPANT

_____/_____
ACADEMIC YR TERM

Receipt # _____

Amount _____

**PASCO-HERNANDO COMMUNITY COLLEGE
ENCORE ACADEMY WORKSHOPS
INDIVIDUAL REGISTRATION FORM**

_____/_____/_____
STUDENT I.D. / SOCIAL SECURITY # BIRTH DATE DRIVERS LICENSE # (If paying by check) STATE

Name: _____ Phone: _____
LAST FIRST

Address _____
HOUSE # STREET

CITY STATE ZIP CODE

How did you hear about Encore Academy Workshops? _____

WORKSHOP	BEGIN DATE	CAMPUS	FEES
<i>Total fees due*</i>			

*WORKSHOP FEES ARE NON-REFUNDABLE ONCE PAID. FEES ARE WAIVED FOR MEMBERS.

Although it is not **required** that you attend every seminar in the workshop it is **highly recommended**. There is no prorating of fees or substitution of seminars. Many of our students find a topic appeals to them more than they expected, and decide to enroll in regular classes offered on the subject.

Student Signature _____ Date: _____