2008 CCR Summer Academy Registration Form

Time To Live
Time To Learn

Social Security Number_____ Colleague ID#_____

Name_____
Last First Middle

Address_____
Street City State Zip County of Residence

Telephone Numbers_____
Home Business Cell

Date of Birth_____ / _____/ _____ (Required)

Race: ☐1-White ☐2-Black ☐3-Am Indian/Alaskan ☐4-Hispanic ☐5-Asian/Pacific Islander ☐6-Other

Sex: ☐Male ☐Female

Residency Status: ☐ In-State ☐ Out-of-State

Educational Level-Circle Highest Grade Completed
1 2 3 4 5 6 7 8 9 10 11 12=Completed High School 13=Adult High School Diploma/GED
14=One Year Vocational Diploma 15=Associate Degree 16=Bachelor's Degree 17=Master's Degree or Higher

Employment Status ☐Full-Time ☐Part-Time ☐Retired
☐Unemployed-Not Seeking ☐Unemployed-Seeking

Employer_____ Occupation_____

Email Address_____

Tuition: $225* (Includes all presentations, lunch and refreshments each day)

Type of Payment Enclosed: ☐Check (Payable to SCC) ☐Mastercard ☐Visa
Card#_____ Exp. Date:_____

Please list any food allergies or special dietary needs:

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***Refund Policy: Full refunds will be given to students withdrawing on or before June 9, 2008. No refunds will be given after June 8, 2007.**