



# 2010 Outdoor Adventure Series Courses Registration

## Community Education Registration Form

PLEASE PRINT ALL REQUESTED INFORMATION REQUIRED FOR ENROLLMENT.

Office Use Only
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Social Sec. # \_\_\_\_\_ or \_\_\_\_\_ Nicolet Student I.D. # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: Home \_\_\_\_\_ Phone: Cell  Work  County \_\_\_\_\_ Municipality (Township/Village/City) \_\_\_\_\_ Email Address \_\_\_\_\_

**THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT AFFECT COURSE ADMISSION.**

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity: Are you of Hispanic/Latino Origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Race: (Circle all that apply) Black - Asian - American Indian/Alaska Native - Native Hawaiian/Other Pacific Islander - White

Name of Last High School Attended \_\_\_\_\_ City/State: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Year of High School Graduation/GED/HSED: \_\_\_\_\_

Class Title	Class Number	Dates	Day(s)	Time	Location
<b>FEES ARE DUE WITH REGISTRATION</b>					<b>TOTAL FEES:</b>

**PAYMENT METHOD** Check/Money Order (Payable to Nicolet College) \_\_\_\_\_ Master Card  Visa  Discover  Card Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code: \_\_\_\_\_

(from signature line on back of credit card)

**MAIL TO:** Nicolet College

ATTN: CE Registration  
PO Box 518  
Rainierland, WI 54501

Revised 2/08

For more information or to register by phone:  
Minocqua: 715/356-6753 or 800/565-6304