



Course Registration Form

Course Title: _____ **Course Date:** _____

Please complete all information below. Date _____

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Date Of Birth: _____ E-Mail: _____

Home/Cell Phone: _____ Work Phone: _____

PAYMENT METHOD

Circle One: Check (Payable to DCTS) VISA MC MO Cash

I authorize the Business Office at DCTS to charge my credit/debit card as circled above:

Amount to be charged: \$ _____ Authorized signature: _____

How did you hear about DCTS? Former Student Employer Internet Radio

Facebook Family Friend Close to home/work Other

Gender: Male _____ Female _____

Race: (Check all that apply) _____ American Indian or Alaska Native _____ Asian _____ Caucasian

_____ Black/African –American _____ Hawaiian Pacific Islander _____ Hispanic/Latino

_____ Mixed-Race

Special Population: _____ Displaced Homemaker _____ Economically Disadvantaged

_____ Educationally Disadvantaged _____ Individual with Disabilities _____ Single Parent

_____ Limited English Proficiency

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