

**COMMUNITY SERVICES PROGRAM
REGISTRATION COUPON**



For Office Use Only
Registration
Number _____

RF \$ _____

- Cash Check
 Money Order
 Mastercard VISA
 American Express
 Discover

Make checks & money orders
payable to Columbia-Greene
Community College

_____/_____/_____
 Last Name First Name MI *Social Security Number

_____/_____/_____
 Male Female

 Street Address/PO Box *Birthdate

 County of Residence
 Columbia Greene Other

 City State Zip Code

() ()

Home Phone		Business/and or Cell Phone Number		Expiration Date		Authorization #
Charge Card Number	Card Holder	<input type="checkbox"/> Mail In	<input type="checkbox"/> Phone In	Date	Processed	
<input type="checkbox"/> (Same)		Authorized Signature				

Course Nbr.	Course Title	Campus	Room	Day	Time	Begins	Course Fee	Office

Return to: Community Services Program Columbia-Greene Community College 4400 Route 23 • Hudson NY 12534 • 518-828-4181 Ext. 3342 * Providing this information is optional and does not negatively impact the admissions process unless required by licensing, funding source or age differentiated tuition	Sub-total		
	Registration Fee	\$	3.00
	Total	\$	