

BISD Community Education Registration Form

MAIL to: BISD Community Education/Partnerships, 906 Farm Street, Bastrop, TX 78602

PHONE: 512-321-2292 FAX to: (512) 321-1371

You **MUST** include check or credit card information for your registration to be processed.

REGISTRATION FORM

Name: _____ Male Female

If Child, Age: _____ Grade (as of 2011-12): _____

If participant is under 18: Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

E-mail Address: _____

COURSE INFORMATION

COURSE NAME	START DATE	TUITION
TOTAL		

Method of Payment:

Check # _____

Texas DL# _____

MO # _____

*Credit Card: VISA / MC / Discover

*Card Number: _____

Card Expiration Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Every effort has been made to make this publication accurate as of the date of publication. However, all policies, procedures, tuition, and curriculum are subject to change at any time by BISD Community Education staff or instructors. This publication is not intended to be a contract, explicit or implied, and BISD reserves the right to make changes regarding the information contained herein.

I wish to register for the activities listed above. Enclosed is my check or money order made payable to BISD Community Services or my VISA/Mastercard/Discover account number to be charged. I have read and understand the Community Education Guidelines and agree to abide by them. Unless notified, I AM ENROLLED.

I hereby release Bastrop ISD for all responsibility in case of any accident or injury that occurs during a Community Education activity.

Liability Release Signature