BUTLER COUNTY COMMUNITY COLLEGE

NON-CREDIT REGISTRATION FORM
(PLEASE PRINT)

SOCIAL SECURITY NUMBER

LAST NAME FIRST NAME MI

STREET ADDRESS CITY

STATE ZIP CODE COUNTY OF RESIDENCE

DATE OF BIRTH SEX M/F

( ) ( )
HOME PHONE WORK PHONE

E-MAIL ADDRESS (RECEIVE SCHEDULE UPDATES/EVENT NEWS!)

SIGNATURE DATE

03/05 BC3 IS AN EOE/AA INSTITUTION

IS THIS YOUR FIRST CLASS AT BCCC? ☐ YES ☐ NO

ARE YOU A PERMANENT* RESIDENT OF PA? ☐ YES ☐ NO
(*LIVED IN PA FOR THE LAST 12 MONTHS)

PLEASE ENROLL ME IN THE FOLLOWING NONCREDIT COURSE/WORKSHOP/SEMINAR

COURSE #	COURSE TITLE

COMPANY NAME _____

☐ ATTACHED IS MY CHECK MADE PAYABLE TO BC3

CHARGE TO MY: ☐ AMERICAN EXPRESS

☐ VISA ☐ MASTERCARD ☐ DISCOVER CARD

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE