



MOTT COLLEGE

Southern Lakes Branch Center

2100 W. Thompson Road • Room 1001 • Fenton, MI 48430
Telephone (810) 762-0390 • Fax (810) 750-8588

LIFELONG LEARNING ENRICHMENT PROGRAM REGISTRATION FORM

Today's Date _____

Full Name:		Address	City	State	Zip	Social Security No.
						/ /
Home Phone	Cell Phone	Birthdate	Gender		E-Mail Address	
()	()		<input type="checkbox"/> Female <input type="checkbox"/> Male			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> All Other	
Special Needs: (Interpreter, etc.)						

Section Code	Course Name	Start Date	Time	Tuition
Total				\$

Payment Methods	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
	<input type="checkbox"/> Discover				V-code# _____	PO# _____

Credit Card Number	Expiration Date	Cardholder's Signature
Cardholders name if different from registrant		Address, City, State and Zipcode