

WOMEN'S BUSINESS CENTER CLASS REGISTRATION FORM

Registration and Payment Required before Date of Class

Name of Class: _____

Date(s) of Class: _____ Fee: _____

Name: _____ Sex: M ___ F ___

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Day Phone: _____ Evening Phone: _____

E-mail: _____

Race: ___ Asian ___ Black/African American ___ Native American or Alaska Native
___ White ___ Native Hawaiian/ Pacific Islander

Ethnicity: ___ Hispanic ___ Not of Hispanic Origin

Veteran Status: ___ Non-Veteran ___ Veteran ___ Service Disabled Veteran

Military Status: ___ On Active Duty ___ Member of Reserve/ National Guard

**** Payment is non-refundable. _____ (Initial)**

**** If you miss your class, you will only be allowed to reschedule ONE TIME. _____ (Initial)**

I understand and will abide by the Women's Business Center class policy:

Signature: _____ Date: _____

Preferred Method of Payment:

Cash Check* Visa (call us) Master Card (call us)

** \$30 penalty for returned check*

Name on the Card: _____

CC#: _____ / _____ / _____ / _____

Exp. Date: _____ Auth. #: _____

Signature: _____



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www.wcof.org

Helping entrepreneurs start and expand small businesses in our community!

Funded in part through a cooperative agreement with the Small Business Administration.

