

PE 131 EMERGENCY CARE – HIGH DEMAND REGISTRATION

PLEASE PRINT CLEARLY!!

First Name _____ Last Name _____

ID NUMBER _____ Class _____ Major _____

Phone # (____) _____ Email _____

Summer Address: _____

Street Town

State Zip Phone (____)

PAYMENT METHOD (Check One)

Deposit \$50 (non- refundable)

Lab Fee: \$450

_____ Check _____ Date

_____ Check

_____ Cash _____ Date

_____ Cash

STUDENT SIGNATURE _____ Date _____

OFFICE USE ONLY

Deposit Paid? _____ Yes _____ No _____ Date

Payment in Full _____ Date