

Name: (Last/First)					
Street Address: City/State/Zip:					
A.M. Phone:			P.M. Phone:		
Email Address: (Optional)					
CLASS #	CLASS TITLE				FEE
Please make checks payable to: Glendale Community College					TOTAL FEES:
Payment Method: CASH-Receipt #:		LOC	Check/Money Order #:		
VISA/MC AMEX #:			Expiration Date:		
Authorized Signature:			I have read the Refund Policy and know I won't receive confirmation.		
For Office Use Only	Date Rec'd:	PHONE	MAIL	FAX	WALK-IN