

## **REGISTRATION FORM**

Course Title:		Start Date:		Location	n:			
	Your name will appear	on your certificate a	s shown belo	ow. If completing	g manually,	please print le	gibly.	
First Name:		Middle Name:			ast Vame:			
Last 4 So	cial Security Numbers:			al Security or TC0				
or TCOL	E Number:		purposes of recorded.	only. This docum	ent will be	destroyed after	r the numbe	ers are
Agency o Name:	or Business							
Agency o Mailing A	r Business Address:			City:			State:	
Zip Code	:	Agency or Bus	siness hone:		Cell N	umber:		
Work E-r Address:	mail			sonal E-mail dress:				
Your e-ma	ail address is used only by n relevant to you as an invest		otected with t	he strictest confide	entiality. It		notify you	of any
scheduled transfer yo	start of the class. Your pre- our pre-paid registration to a dent is not desired, the full a	e-paid registration fee mother person. There	may be apple is no charge	ied to any future e for transfers. If	equally price	d course or you	ı may also e	elect to
cancellatio	ions: Delta CCT will provious no less than seven (7) cale calendar days before the sche	ndar days before the s	scheduled star	t of the class. If no	otification of	a cancellation is	s received les	
	: A pre-registered student we entire tuition for the class.	who has not canceled	in accordance	the paragraph abo	ove and fails	to attend the so	cheduled clas	ss will
tuition. R	<b>Prop Out:</b> If a student elecognizing most students are s/her appearance in a court o	e peace officers, this	does not inclu					
I have read	d and agree to the Transfer, C	ancellation, No-Show	and Drop Ou	t policies described	l above.			
Signature	:				Date:			
Method o	of Payment: (if applicable)  Money Order	Checks and Money O	rders are pava	ble to Delta Collisi	on Consultir	ng and Training		
	•	(Please attach a cop						
□ VISA	Master Card	☐ Discover ☐	AMEX	Exp. Date:		CVV#		
Zip code	for credit card billing add	ress:	Car	d Number:				