



Continuing Education Class Registration Form

Please complete and mail with payment to:

BRCC Continuing Education
P.O. Box 80, Weyers Cave, VA 24486

Personal Information

Have you ever taken classes at any Virginia community college? Yes No

Social Security #: _____ Date of Birth: _____

Male Female

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

Courses

Class Number	Course Title	Course Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment (due at registration)

Bill my company:

Name _____

Address: _____

Attention: _____ Phone number to verify: _____

Personal Payment:

Check (payable to BRCC) VISA MC AMEX Debit Card

I authorize the Business Office at BRCC to charge my credit/debit card as circled above:

Amount: \$ _____ Authorized Signature _____

Credit/Debit Card Number: _____ Exp Date: _____