

# Registration Form

*Not valid for Camp registration.  
Payment due at time of registration.*

## Registrant Information

Registrant/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Parent or Guardian (if child) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## Program Information

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Course Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Course Number \_\_\_\_\_ Course Title \_\_\_\_\_  
Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

## Credit Card Payment

Discover    Visa    MasterCard    AMEX   Expiration Date \_\_\_\_ - \_\_\_\_  
Credit Card Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Amount to be Charged \$ \_\_\_\_\_  
Signature of Cardholder (as it appears on card) \_\_\_\_\_

## Check Payment *(Make Checks Payable to Charleston County PRC)*

Amount Enclosed \$ \_\_\_\_\_

## New Program Ideas

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