



FAX (425) 640-1837
 (Call to confirm 425-640-1830)

Mail this registration form to:

EdCC---Community Ed---CRI
 20000 68th Ave W
 Lynnwood, WA 98036

Mail, Fax, or Walk-in Registration Only

Name _____ Student ID# _____
 (Your student ID # begins with 955)

If you are new to CRI please give your birth date __ __ / __ __ / __ __

Mailing Address _____

City _____ State _____ Zip _____ Phone _____ E-Mail _____

In case of emergency, please notify:

Name _____ Phone _____

CRI Membership gives you access to register for CRI Classes. After purchasing membership once each quarter, you may register multiple times during that same quarter for classes (based on availability) with their separate class fees.

Academic Quarter: _____ **Fall** _____ **Winter** _____ **Spring**

Course #	Course Title	Fee
#C _____	_____	_____ Q6
#C _____	_____	_____ Q6
#C _____	_____	_____ Q6
#C _____	_____	_____ Q6
#C _____	_____	_____ Q6
#C <u>975</u>	<u>CRI Membership</u>	<u>\$20.00</u> QL

Class Total _____ Q6

(optional) Luncheon (\$30) _____ Q0

Final Total _____

Make check payable to EdCC. Check # _____
 (separate check for each person)

Vegetarian Lunch

Tax deductible gift
Separate Check
 EdCC Foundation/CRI Friends
 Amount _____
 Check # _____

Mastercard Visa Amer Exp Credit Card # _____ Exp. _____

Name as it appears on credit card _____

CRI office Use only: Register Date _____ By: _____

Think about it!

www.edcc.edu/comed