



Non-Credit Youth Registration Form

Date: _____

Amount \$ _____

REGISTRATION FORM

Program Title and Number _____

Name _____

Date of Birth _____ Age _____ Grade Entering Fall _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Father's Name & Daytime Phone (_____) _____

Mother's Name & Daytime Phone (_____) _____

School Name _____

If you are applying for a scholarship, check here and enclose a 15% deposit.

Dietary/Disability Needs _____

Form of Payment (circle one):

Visa MasterCard American Express Check (made payable to UW-L)

Credit Card # _____ - _____ - _____ - _____ Exp. Date: ____/____

Cardholder's Signature: _____

Print Name of Cardholder: _____

Race/Ethnicity: (optional)

- Black (not of Hispanic origin) Hispanic White
 American Indian Asian or Pacific Islander

Return this form along with your method:

By Mail: UW-La Crosse, Continuing Education
 1725 State Street, 205 Morris Hall
 La Crosse, WI 54601

By Fax: (608) 785-6547

By Phone: (608) 785-6504 or toll free at (866) 895-9233, press 2 at prompt