



# MOTT COLLEGE

## Southern Lakes Branch Center

2100 W. Thompson Road • Room 1018 • Fenton, MI 48430  
Telephone (810) 762-0390 • Fax (810) 750-8588

### MOTORCYCLE SAFETY PROGRAM REGISTRATION FORM

Today's Date \_\_\_\_\_

Full Name:		Address		City	State	Zip	Social Security No.	
							/ /	
Home Phone		Cell Phone		Birthdate		Gender		E-Mail Address
( )		( )				<input type="checkbox"/> Female <input type="checkbox"/> Male		
<input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> African American		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic <input type="checkbox"/> All Other
				Drivers License No.		/ /		
<b>Special Needs:</b> (Interpreter, etc.)								

Section Code	Course Name	Start Date	Time	Tuition
<b>Total</b>				\$

<b>Payment Methods</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
	<input type="checkbox"/> Discover				V-code# _____	PO# _____
Credit Card Number		Expiration Date		Cardholder's Signature		
Cardholders name if different from registrant				Address, City, State and Zipcode		