

Johnston Community College Motorcycle Safety Education Program Course Registration Form

See the enclosed schedule for class dates and corresponding class numbers. Please indicate the class # (number) for a first, second, third, and fourth choice in class selection. Please register me for the following class. I have enclosed the **NON-REFUNDABLE REGISTRATION FEE** as indicated.

Course Title: _____ **BRC Basic Rider Course - \$125 Non-Refundable Registration Fee**
(Check One)
_____ **ERC Experienced Rider Course - \$75 Non-Refundable Registration Fee**

First Choice Class # _____ **Third Choice** Class # _____
Second Choice Class # _____ **Fourth Choice** Class # _____

Any student under (18) eighteen years of age must have a Concurrent Enrollment Form on file.

Name _____
For DMV purposes, you must print your name as it appears on your driver's license.

Mailing Address _____
City _____ State _____ Zip Code _____ County of Residence _____

Social Security # _____ Date of Birth _____
Sex () Male () Female Race _____
For registration purposes only

Phone (H) _____ (W) _____

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or GED ()

Employment Status: () Retired () Unemployed () Part Time () Full Time

Employer _____ Occupation _____

Please read carefully and sign: I understand that classes will be filled based on the order of receipt of completed registration forms and appropriate fees. A receipt confirming my registration will be mailed with the class number and date. If for some reason my choices of classes are filled prior to the receipt of my registration form and fee, I will be given the opportunity to either choose another class date and have my registration transferred, or I may request that my registration fee be returned to me. Due to program constraints, I understand that once registered in a class, even if I am unable to attend, the registration fee is **non-refundable**. I also understand that I may transfer **ONLY ONCE** to another class if I notify the office a minimum of two weeks in advance. The transfer will be made to the next available class in the current riding season. I understand that I must be on time, attend the entire class weekend (date and times) and pass both written and riding tests in order to successfully complete the course. I understand that I may withdraw from the class at any time, or at the discretion of the Rider Coaches, be asked to withdraw from the class. In either case, I understand that my registration fee is **NON-REFUNDABLE**. I have read and agree with the information provided on the Motorcycle Safety Education Program and General Information attached pages/web page.

I have read the above program policies and understand how these policies apply to my registration.
Signature _____ Date _____

Method of Payment: () Check or Money Order (payable to Johnston Community College)
() Credit Card Indicate: _____ MasterCard _____ VISA
() Debit Card

Account Number _____ Expiration Date _____

Authorized Signature _____

Fax Number (919)-209-2189 For fax confirmation please call (919) 209-2168

For JCC Office Use:	Contract Number _____	Date Received _____
	Program Code _____	AR Code _____