

REGISTRATION FORM FOR TRIPS



WAUBONSEE
COMMUNITY COLLEGE

Please print in ink. Use this form to register for Trips and Tours only. Return this form via:

Walk-in Registration:

Sugar Grove (Student Center, Room 249)
Aurora Downtown Campus (Room 112)
Aurora Fox Valley Campus (Room 235)
Plano Campus (Room 127)

Mail:

Registration and Records
Waubonsee Community College
Route 47 at Waubonsee Drive
Sugar Grove, IL 60554-9454

Fax:

Fill out and fax to (630) 466-4964

To help protect your privacy, please do not email any forms containing confidential information. Waubonsee will not process any registration form received via email.

REGISTRANT INFORMATION (one registration form per person)

Have you attended WCC previously? Yes No Student ID (if known) X _____
SS # (optional) _____

Last Name: _____ First Name: _____ Middle: _____

Birth Date: _____ Gender: M F U.S. Citizen: Yes No

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Primary Primary Primary

This information is requested solely to comply with federal laws. Your response will not affect consideration of your application or registration.

Are you Hispanic or Latino? Yes No

Answer questions below using numbers listed:

5. American Indian/Alaska Native
4. Asian
2. Black/African American
3. Hispanic or Latino
9. Native Hawaiian or Pacific Islander
1. White
8. Other/Not listed
6. Prefer not to answer

What is your primary ethnicity? _____

Are you from one or more ethnicities? _____

List all: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

By registering for this trip(s), I understand that Waubonsee Community College (WCC), its officers, employees and agents, will have the right to exercise whatever supervisory authority over the participant's conduct including medical treatment. In particular, use, possession or intoxication of alcoholic or any controlled substance is not permitted. This includes the right to remove the participant from the trip at any time. If removed, the participant shall reimburse WCC for all costs relating to the participant's return. If the participant is removed during the trip, the participant forfeits all fees paid to WCC for the trip. The participant agrees to bear any medical and/or surgical expenses involved as a result of such authorization. The participant, his or her heirs, representatives or assigns, agree(s) to release, hold harmless and indemnify WCC, its trustees, officers, employees and agents, from every claim, demand or cause of action, including the defense thereof, which may be asserted by the participant, or by some third party, against WCC, its trustees, officers, employees or agents and which arise(s) out of or relates to the participation of the participant in the trip or tour. WCC is not subject to changes in itineraries, tours, schedules, programs, and/or arrangements and, due to unforeseen or unexpected circumstances, may adjust outing as believed reasonable.

Select	Trip Name	Date	Trip Ticket #	CRN#	Cost
	42nd Street at the Fireside Theater	Thurs., May 24, 2018	TRP839.001	CRN 30634	\$99
	Chicago Cubs vs. Milwaukee Brewers	Weds., June 13, 2018	TRP879.001	CRN 30635	\$139
	You've Got Mail	Thurs., June 28, 2018	TRP885.001	CRN 30637	\$99
	Real Housewives of Middlebury and the Amish Garden Quilt Trail	Thurs-Fri., July 19-20, 2018	TRP889.002 TRP889.001	CRN 30633 CRN 30632	\$289 dbl. \$349 sgl.
	The Beat Goes On at the Rosewood Music Theater	Fri., August 3, 2018	TRP886.001	CRN 30641	\$89

I confirm that the above information is complete and correct.

 **Applicant's signature:** _____ **Date:** _____
Required to register

PAYMENT INFORMATION PAYMENT IS DUE AT TIME OF REGISTRATION. PAYMENT INFORMATION IS DESTROYED AFTER PROCESSING.

Cash Check VISA MasterCard Discover American Express

Card Number _____ Exp. Date: ____/____ CVV: _____

Authorized Credit Card Signature: _____

Billing Zip Code: _____ Name printed on Card: _____

Total Fees:

All information provided to Waubonsee Community College will be kept confidential with the Family Educational Rights and Privacy Act of 1974. (Public Law 93-380) Waubonsee does not discriminate based on any characteristic protected by law in its programs and activities. If you need a sign language interpreter or an accommodation for this trip, please contact Community Education at (630) 466-2360 or communityed@waubonsee.edu. A minimum of two weeks notice is requested.

02/18 LH