Green River Continuing Education, WT Bldg.12401 SE 320th St., Auburn, WA 98092-3622				Student ID Number:		
COLLI						
Name:				Birth Date:		
Address:				Gender: ☐ Male ☐ Female		
City: Zi _l		Zip:		Registration Date:		
Telephon	e:					
		(day) (evening)				
emali Add	aress:					
Y/Item No.	Course No.	Course Title	St	art Date	Fee	
				TOTAL		
□ Cash (exc	act amount only)	☐ Check (payable to GRC) ☐ Company P.O./Vouc	cher (copy requi	red)		
☐ MasterCa	rd 🗆 Visa	Credit Card No.	Ex	piration Dat	te	
	All Conti	nuing Education classes must be paid for at the ti	me of reaistro	ation.		
		g				

payment for class.