



Greenfield Community College

Workforce Development & Community Education

270 Main Street, Greenfield, MA 01301 • (413) 775-1661 • www.gcc.mass.edu/shopcreditfree

NON-CREDIT COURSE REGISTRATION FORM

Date: ___/___/___ Term: _____

Name: _____ Previous Last Name (if any): _____

Date of Birth (Required): ___/___/___ Student ID (if known): _____

Gender: _____ (e.g. male, female, transgender)

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

CODE _____ TITLE _____ PRICE _____

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How did you learn about this workshop? (check all that apply)

- Lifelong Learning Guide
- GCC Website
- Friend/Family/Referral
- Email
- Career Center
- Mailed Flyer/Postcard
- Social Media
- Newspaper
- Work
- Other: _____

OPTIONAL: No information provided will be used in a discriminatory manner.

Race or ethnic origin (check answer): Are you Hispanic/Latino? Yes No

Please specify by checking one or more races that apply:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Cape Verdean
- Native Hawaiian or other Pacific Islander
- White

Payment:

CHECK - If paying by check, please make check payable to GCC, and forward with registration form to:

**Greenfield Community College
Workforce Development & Community Education
270 Main Street, Greenfield, MA 01301**

CREDIT CARD - If paying by VISA, MasterCard or Discover, please mail this form and call (413) 775-1661 to complete payment transaction, and confirm registration. If you wish to register and pay 100% online, anytime 24/7, receiving immediate payment and registration notice, please go to www.gcc.mass.edu/shopcreditfree.

THIRD PARTY PAYMENT - If an employer or third party is providing funding to take this class, by initialing below, I understand it is my responsibility to coordinate this payment, and hereby agree that class attendance and completion information can be provided to that party. **If the third party is unable to make this payment for whatever reason, the balance due will be placed on my student account until paid in full.** _____ (initials required).

Employer or 3rd Party Information (required if 3rd party paying):

Name of organization _____ Primary Contact Person _____

Mailing Address _____ Contact Person Phone: _____

City/Town _____ State _____ Zip _____ Contact Person Email: _____