



BELLARMINE UNIVERSITY

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Bellarmino University School of Continuing and Professional Studies

Please register only One Person per form. Photocopy form as needed.

ID# (office use only) _____

MR / MS _____
First M.I. Last

Home Address _____ City/State/ Zip _____

Hm Ph _____ Daytime Ph _____

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If Youth Course: Child's Age _____
Parent/Guardian Name _____

Risk & Consent form required for each child registered. Find form at: http://bellarmine.edu/Libraries/CE_Docs/Risk_Consent_Form_2011.sflb.ashx

CAMP/COURSE #	CAMP/COURSE TITLE	START DATE	FEE

Discount Type: _____ Percent: _____ Dollars: _____

Total Fee:

Visa Mastercard
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Security Code: _____

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* Make checks payable to Bellarmine University *Photography students please indicate camera type: _____

Office Use: Received _____ Registered _____ Drop/Withdraw _____

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