

WORKFORCE AND COMMUNITY DEVELOPMENT REGISTRATION FORM



Mail In: Complete form and mail with payment to Registration Office,
MCC, 8900 U.S. Hwy. 14, Crystal Lake, IL 60012

Fax: Complete form and fax with credit card payment to Registration Office, (815) 455-3766.

In-Person: Registration Office, MCC, Room A258.

Phone: (815) 455-8588

***Required**

First Name*: _____ Middle Name: _____ Last Name*: _____

Birth Date mm/dd/yyyy*: ____ / ____ / ____ E-mail Address: _____

Mailing Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone Number*: _____ Type*: _____

Are you Hispanic or Latino?* Yes No Ethnicity*: _____

Gender* M F Citizenship Country*: _____

Class/Seminar/Trip Title	Class ID#	Cost

Classes presented by RAP require current RAP membership. **Total \$:** _____

NOTE: The College reserves the right to change tuition rates and fees.

Please make checks payable to **McHenry County College** or use a credit card.



Account #: _____

VID #: _____ Expiration Date: _____

Signature of Card Holder: _____