

Community University at West Liberty Fall Term 2019 Registration Form

Participant's Name: _____

Guest/Spouse Name _____
(if applicable)

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

RSVP: Please write your name(s) and circle the number(s) below that correspond to the number of the course(s) that you wish to attend.

Participant's Name _____

101 102 103 104 105 106 107 108 109 110
111 112 113 114

Guest/Spouse Name _____
(if applicable)

101 102 103 104 105 106 107 108 109 110
111 112 113 114

\$25 per person unless otherwise stated.
Sorry, no refunds.

Tuition

\$25 per person x _____ = \$ _____
(number of participants)

TOTAL PAYABLE TO WLU \$ _____

Please return registration form along
with a check (**payable to West Liberty University**) to:

**West Liberty University
208 University Drive
College Union Box 122
West Liberty, WV 26074**