

# EDUCATION COURSE REGISTRATION FORM

## CLASS INFORMATION

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_

Office Name: \_\_\_\_\_ Office City: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any disabilities that require special accommodations, including auxiliary aids/ services? If so, please list your needs below and let us know a week ahead of time:

List: \_\_\_\_\_

## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

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## PAYMENT

Check (payable to GCAR)

Credit Card

Visa

MasterCard

Discover

Amex

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### REGISTER TODAY

Email: [disom@gcar.com](mailto:disom@gcar.com)

Call: 518-464-0191 x15

Fax: 518-464-0196

Mail: GCAR

451 New Karner Rd  
Albany, NY 12205

### CANCELLATION POLICY

Call at least 11 days in advance for a full refund. No-shows/no-calls, forfeits tuition.