The Rider School Registration Form



PLEASE PRINT LEGIBLY; FIELDS MARKED WITH * ARE REQUIRED

Last Name*:	First Name	·		Chosen Name:
Date of Birth*:	Gender: ☐ Male ☐ Female HCC Student ID (if known):			
Driver's License Number*: Driver's License State*:				
Home Address*:				
				State/Zip
County*:	PI	none*:	(Please circle) Cell / Home / Work	
Email Address*:				
Ethnicity: Are you of Hispanic or Race: ☐ American Indian or Alas	• •	ck or African Americ	can 🔲 Native Hawaiian d	or Other Pacific Islander 🔲 White
☐ I am a Maryland resident aged	60 or older (tuition waived; mu	ust pay all fees).		
Register me for:				
□ Basic Rider Course (BRC) XB-		XB-918	91: \$460 (includes \$300 in fees) 18: \$345 (includes \$300 in fees) 24: \$260 (includes \$230 in fees)	
Class INDEX number:	st four digits in parentheses	Start [Date:	
		Price: S	\$	
Out-of-county residents	add \$10.00. Out-of-state resid	ents add \$20.00. \$		
·		Total: S	\$	
that it is my responsibility to notify the website at http://www.Howard	the Records Office of any cha CC.edu/RiderSchool before at	inges in the informatending this class.		he best of my knowledge. I understand cation. I will review the information on
Signature: X / certify that all t			Date:	
I certify that all t	he above information is true ar	nd correct.		
All charges due to Howard Commu Payment Plan or have financial aid that portion of their balance. If the s Past due balances are subject to co register for the next term. HCC may	nity College (HCC) must be paid, military Tuition Assistance, veto student's full balance is not cove ollection and fees up to 25% of t y require payment in the form of	I in full before the cla erans' education ben red by these other so he original balance. S certified funds, such	efits, third party sponsors, a purces for any reason, the si Students whose accounts an as cash, money order, cred	nd/or tuition waivers may be able to defer tudent is responsible for the balance due. re delinquent will not be permitted to
Credit Card: (Please circle card	choice):			
VISA MASTERCARD	AMERICAN EXPRESS	DISCOVER		
Card #:		!	Exp. Date:	CVV:
Cardholder's Name:			Signature: X	
PLEASE PR	INI LEGIBLY			