



St. Lawrence
College

2012

Registration Form

1000 Islands Summer School of the Arts

Today's Date: _____

Surname: _____

Given Name: _____ **Birth Date:** _____

Address: _____

Tel: _____ **Email:** _____

Have you ever registered at SLC? **Yes** **No**

Student ID#: _____

1st Course: _____

Start Date: _____

2nd Course: _____

Start Date: _____

3rd Course: _____

Start Date: _____

Total \$: _____

Payment: **Visa** **MC** **Cheque (enclosed)**

Cardholder Name: _____ **Payable to St. Lawrence College.**
Sorry, no post-dated cheques.

Card Number: _____ **Expiry:** _____

Cardholder Signature: _____