PHCC Los Angeles Training Program Registration Form

(one per student per year)

Application is hereby made for the following named student to part school year. Student Name	_	eles Training Progran	1 during the to
Address	City	State	Zip Code
TelephoneCell		Email	
Social Security #	I am a □ new student	□ returning student	
I wish to enroll in: $\ \square\ 1^{st}\ Year\ \square\ 2^{nd}\ Year\ \square\ 3^{rd}\ Year\ \square\ 4^{th}\ year$	□ Journeyman Plumbing	□ HVAC □ Backflo	w
Sponsoring Company	Contact	Tel	ephone
Address	Email		
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	10 Monthly Payments		
Are you a Local PHCC Member? $\ \square$ YES $\ \square$ NO If yes, which ch	napter?		
I agree as a sponsoring company or student paying tuition – please 1) Be responsible for payment of registration of \$ for the company of the company	current school year, due 10 days pror pay the full years tuition prior tudent ceases to be employed or is a school year regardless if the student drops lance of classes.	rior to class start date (B to class start date for a sp otherwise ineligible for of lent attends the full year.	ackflow class is due in full upfront). becial discounted rate. (Backflow continue company sponsorship.
Sponsoring Company Signature Title Date	Student Signature		Date
Registering Student – Please read carefully and sign. As a student in the PHCC Los Angeles Training Program, I agree to: 1) Attend classes regularly unless unavoidable prevented from doir 2) Adhere to all rules and regulations of the training program 3) Should I leave the employ of my sponsoring contractor during the strength of	he current school year, I will imm the balance due for the school year		
Enclosed is a registration deposit of \$	Student Signature mbers)		Date
Signature below indicates authorization for PHCC Los Angemonthly tuition payments for the school year. Check one: Wisa MasterCard AmEx	eles Training Program to pr	rocess credit card cl	narges for registration fee and
Credit Card Number		Exp. Date:	Sec. Code
Name on Credit Card	Cardholder		
Billing Address:	City	State	Zip
Signature			