

BCC Class Registration Form

Please Print Clearly

CLASS NAME _____ DATE ____/____/____

Name _____

Address _____ street _____ state _____ zip _____

Email address _____

(____) _____
Home Telephone number

(____) _____
Cell Telephone number

Non-Member Payment Information

BCC MEMBER

Check Cash Credit Card:

Class Fee \$ _____ Materials/Books \$ _____ TOTAL = \$ _____

Check one:

Visa Master Card American Express Discovery

Authorization Signature for credit card charge Date

PRINT name as it appears on the card

Credit card number Exp date

Thank you. We hope you enjoy your class!



Return to BCC Office by fax, mail, or in person
• Telephone: 323-931-7023 ext. 205 • Fax: 323-931-1490
• BCC, 6000 W Pico Blvd, L.A. CA 90035
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