

*** Attention Staff: Make a copy of Photo ID & attach to the back of this form ***

Heiskell Enterprise Center

Computer Lab Registration (ADULT)

Date: _____
Name: _____
Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Tel. #: 1 () _____ Cell Phone: 1 () _____
Current College/School: _____
College/School Address _____

Emergency Contact: _____
Emergency Contact Tel. #: 1 () _____
Emergency Contact Cell Phone #: 1 () _____
Emergency Contact Address: _____
_____ Apt #: _____
City: _____ State: _____ Zip: _____

Computer Applications Knowledge: _____

Reason for Attending Open Lab:

