



# Registration Form The Rider School At HCC



Please register me for:

Basic Rider – license course XB 918 \$330

Alternate Basic Rider – license course XB 923 - \$230

Experienced Rider – XB 927 - \$230

Total Control Advanced Riding Clinic XB 928 - \$295

Total Control Advanced Riding Clinic, Level 2, XB 929 - \$295

Course number \_\_\_\_\_

Start Date of Class: \_\_\_\_\_

Driver's License # (required): \_\_\_\_\_

SSN # (optional): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State/Zip

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you've registered with HCC before, has your address, phone, or email changed since then?  yes  no

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

Ethnic Origin :  Asian  African-American  Native-American  Hispanic  White  Other

Tuition & Fees: (Price includes \$3% MVA fee (except Total Control) & \$30 registration fee) \$ \_\_\_\_\_  
(Fees not eligible for waiver)

(Out-of-county Maryland residents add \$10.00. Out-of-Maryland residents add \$20.00.) \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Credit Card--Please circle card choice

VISA      MASTERCARD      AMERICAN EXPRESS      DISCOVER

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: **X** \_\_\_\_\_

*PLEASE PRINT LEGIBLY*

**MUST BE SIGNED AND DATED TO BE OFFICIAL.** I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify the Records Office of any changes in the information contained in this application. I will review the information on the Internet at [www.howardcc.edu/motorcycle](http://www.howardcc.edu/motorcycle) before attending this class.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

*I certify that all of the above information is true and correct.*

*Please return this form by FAX to 410-772-4333 or MAIL to:  
Howard Community College, ATTN: Lock Box Cashier L-135, 10901 Little Patuxent Pkwy, Columbia, MD 21044-3197*