



Language Class Registration Form



PLEASE PRINT CLEARLY

Term 5, 23 Oct - 14 Dec, Cost: \$95 / \$25 for Single Airmen

Student Info

First Name: _____ Last Name: _____
 Email Address: _____ Best phone #: _____

Sponsor Info

First name: _____ Last Name: _____
 Cell Phone: _____ Duty Phone: _____

Please circle your choice

<u>German 1 Lunch</u> Mon-Thu, 1100-1150, CR-1, Gudrun Garcia	A	<u>French 2 Night</u> , (for French 1 contact the CC staff) Tues & Thurs, 1700-1845, CR-1, Robert Bels	E
<u>German 2 Lunch</u> Mon - Thu, 1200-1250, CR-1, Gudrun Garcia	B	<u>German1 Night</u> Mon & Wed, 1700-1845, CR-1 Robert Bels	F
<u>German 4 Night</u> Mon & Wed, 1700-1845, CR-2, Gudrun Garcia	C	<u>English as a Second Language (ESL)</u> Beginners Conversation Class Tues & Thus 1700-1845, Flying Pig, Jill Nelson	G
<u>German 2 Night</u> Tue & Thu, 1700-1845, CR-2, Gudrun Garcia	D	<u>Spanish 2, Lunch</u> Mon - Thu, 1100-1150 Flying Pig, Marta	H
Please check if you are a Single Airmen _____		<u>Spanish 1, Lunch</u> Mon - Thu, 1200-1250, Flying Pig, Marta	I

Please read and initial:

- _____ Classes are held in person if not otherwise determined.
- _____ Children may not be brought to class or left unattended in the building during class time.
- _____ Students must be 18 years of age or older.
- _____ A non-refundable administrative fee of \$25 will be assessed for withdrawals.
- _____ Deadline for withdrawals is 3 days prior to start of class - no refunds can be given after Deadline.
- _____ ****Full refunds only for PCS, TDY, or deployment prior to start of class – copy of orders required. Refunds must be collected within 30 days after approval.**
- _____ ****Partial refund only for PCS, TDY, or deployments during term – prorated at \$11.88 per remaining full week. Refunds must be collected within 30 days after approval.**

Email to ramcomcen@gmail.com and 86fss.ramsteincommunitycenter@us.af.mil will be accepted until 20 Oct 23 via email. If registering after this date please bring in your form or fill the form out at the front desk in building 412 ****Must have Director/ Assistant Director approval before conducting refunds****

Student Signature: _____ Date: _____

FOR COMMUNITY CENTER EMPLOYEES USE ONLY

Course (Letter) _____ RecTracRcpt #: _____ Amount Paid _____ German/French Book _____
 Payment (circle one): cash check cc – last 4 _____ Employee's Initials: _____