

Lake Travis Community Computer Lab

CLASS REGISTRATION

Course _____ Desired Date _____

Name _____ Phone _____ Date _____

Special Needs

If under 18:

I, _____ give permission for my child to take the above course.
(Parent's Name)

Parent's Signature _____ Contact Phone _____

A **non-refundable \$5.00** registration fee is required.

Make checks payable to **Lake Travis Community Computer Lab** or **LTCCL**.