

## REDWOOD DAYS 2010 REGISTRATION FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CR STUDENT ID OR SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

EDUCATIONAL GOAL (PLEASE CHECK ONE):

\_\_\_\_\_ UNIVERSITY/TRANSFER  
(Regardless of a major, your goal is to transfer to a 4-year university)

\_\_\_\_\_ TECHNICAL DEGREE/CERTIFICATE  
(You have a specific degree/certificate in mind (i.e. Nursing, Welding, etc..))

\_\_\_\_\_ UNDECLARED  
(You are unsure about your educational goal)

Are you planning to play an intercollegiate sport at College of the Redwoods?  
Please circle Yes No If yes, what sport? \_\_\_\_\_

**MAKE SURE YOU TAKE THE MATH AND ENGLISH ASSESSMENTS PRIOR  
TO ATTENDING REDWOOD REGISTRATION DAYS.**

**CHECK-IN BEGINS AT 9:30 AM**

**PLEASE CHOOSE YOUR FIRST OPTION AND YOUR SECOND OPTION, RESERVATIONS ON  
A FIRST COME FIRST SERVE BASIS:**

\_\_\_\_\_ MAY 17TH

\_\_\_\_\_ MAY 18TH

\_\_\_\_\_ MAY 19TH

\_\_\_\_\_ MAY 20TH

MAIL OR FAX THIS REGISTRATION FORM **NO LATER THAN MAY 7TH 2010** TO :

COLLEGE OF THE REDWOODS  
ATTN: JUANA TABARES  
7351 TOMPKINS HILL ROAD  
EUREKA, CA 95501-9300  
FAX: 707.476.4432  
PHONE: 707.476.4591

*CONFIRMATION WILL BE MAILED PRIOR TO THE EVENT*

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ M \_\_\_\_\_ E \_\_\_\_\_

CONTACTED \_\_\_\_\_

CONFIRMED \_\_\_\_\_

