



# San Jose Polytechnic University

1631 North 1<sup>st</sup> Street, Suite 100 San Jose, CA 95112 Tel:(408)564-6389

## WORKSHOP / SHORT COURSE APPLICATION FOR ADMISSION

Legal Name (L, F, M): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Gender:**  Female  Male  Other
- Ethnic:**  American Indian, Alaskan Native  Asian  White, Non-Hispanic  Two or More Races  Hispanic  Native Hawaiian / Pacific Islander  Black / African American, Non-Hispanic  Race Ethnicity Unknown

Where to hear about us:  Radio  Newspaper \_\_\_\_\_  Other \_\_\_\_\_

### In Case of Emergency, Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

### Workshop / Short Course Attend (If want to sign up more, please write on the back of this form.)

- |              |                              |              |                              |
|--------------|------------------------------|--------------|------------------------------|
| Date / Time: | Workshop/Short Course Title: | Date / Time: | Workshop/Short Course Title: |
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| Date / Time: | Workshop/Short Course Title: | Date / Time: | Workshop/Short Course Title: |

**Photography Policy: SJPUCALIFORNIA Workshop / Short Course may use any photo, slide, or quote for publicity/marketing purpose.**

**Please Initial \_\_\_\_\_**

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify the faculties and SJPUCALIFORNIA from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this program

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

|   |                    |                          |                           |
|---|--------------------|--------------------------|---------------------------|
| <b>For Office Use Only</b>  |                    |                          |                           |
| Total # of Workshop sign up: _____  | Total Fee \$ _____ | Discount if any \$ _____ | Total Amount Due \$ _____ |
| Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ |                    |                          |                           |
| Date Paid _____   | Receipt# _____     |                          | Received by: _____        |