



Riverside County Training Officers Association / Riverside Community College

FIRE TECHNOLOGY PROGRAM

COURSE RESERVATION FORM

(951) 571-6311



REGISTRATION AND PAYMENT POLICIES

- In order to reserve your place in the class an RCC online application must be completed, a confirmation page, and payment must be submitted with this form. Please visit the [California Community College online application center](#) to complete your online application.
- Reservations for all classes begin (60) days prior to the course start date. Reservations/payments are accepted on a first come-first served basis.
- There will be a non-refundable \$25.00 fee for all cancellations. There will be **no refunds** for reservation cancellations made less than **72 hours** prior to the class beginning date or for no-shows. Confirmation for your reservation will be sent via US Mail if reservation packet is complete. If packet is not complete the entire packet will be returned to you.
- Return this completed form with your full payment and RCC application confirmation page to: RCTOA, Attention Holly Bow, 19510 Van Buren Blvd. #238, Riverside, CA 92508
- If the bank, for any reason returns a check, there will be a **\$25 processing fee**. Until the student pays the original amount plus the processing fee, the student will be dropped from the class and prohibited from enrolling in any future RCTOA classes.
- On the first day of class, if students have not checked in by 10:30 am, and have not made prior arrangements, they **will be dropped** from the class **without a refund**.

I have read and agree to the reservation and refund policy listed above.

Signature: _____ Date: _____

COURSE INFORMATION

Course Title:

Dates:

Location:

Course Fee:

STUDENT INFORMATION

Name:

Department:

Telephone/Cell:

Address:

City:

State:

Zip:

RCTOA OFFICE USE

- Payment Received Amount Received: \$ _____
- RCC Online Application Check # _____
- Confirmation Page Attached Received by: _____

CREDIT CARD INFORMATION

Credit Card: _____ Number: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder Phone: _____ Security Code: _____ Exp (MM/YY): _____