

Explore your passions! Do more of what you love!  
Easy to Register Get Excited and Sign up Today!

## Registration Form Please print clearly

Date: \_\_\_\_\_ Olds College I.D. Number: \_\_\_\_\_  
(If Known)

### Personal Information - Please Use Full Legal Name

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender:  F  M Marital Status:  Single (never married)  
(Month / Day / Year)  Married/Common-law  Other

Mailing Address  Home  Business: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

### Please register me for the following courses:

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Cost: \_\_\_\_\_

**Total Fee Enclosed: \$:** \_\_\_\_\_

### Method of Payment:

Cheque (enclosed) – payable to Olds College  Visa  MasterCard

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
(Month / Year)

Signature: \_\_\_\_\_

### Aboriginal Ancestry:

If you wish to declare that you are an Aboriginal person, please specify:

Status Indian/First Nations  Non-Status Indian/First Nations  Metis  Inuit

Alberta Advanced Education and Technology is collecting this personal information pursuant to Section 33(c) of the FOIP Act as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Aboriginal learner success. In addition to other legislation applicable to the educational institution.

For further information or inquiries contact the FOIP Coordinator, Olds College, 4500 - 50 Street, Olds, AB T4H 1R6, (403) 507-7912, [hcarnota@oldscollege.ca](mailto:hcarnota@oldscollege.ca)

To ensure your enrollment in class please register at least two weeks prior to start date.

Fees are due at time of registration.

### FAX: (AVAILABLE 24 HRS/DAY)

Complete registration form and fax to 403-556-4711.  
Visa or MasterCard only.



### PHONE:

Rachel at 403-556-4677  
Nancy at 403-507-7956  
Gloria at 403-556-8299  
or 1-800-661-6537  
ext. 4677 / 7956 / 8299  
Visa or MasterCard only



### MAIL:

Complete registration form and address envelope to:  
Olds College  
Continuing Education  
Registrar's Office  
4500 - 50 Street  
Olds, Alberta T4H 1R6



### IN PERSON:

Student Services  
Duncan Marshall Place Building  
Mon - Fri. 8:15 am - 4:30 pm  
Visa, MasterCard, cash, money order or cheque.



### Refund Policy:

Unless otherwise stated, refund requests, accompanied by the original course receipt, received at Olds College two (2) full weeks prior to the course start date will be granted in full, less any applicable course specific deposits that are non-refundable. Refund requests received less than two (2) full weeks prior to the course will be subject to a 50% processing and service fee, less any non-refundable deposits. Non-attendance does not constitute notice of withdrawal. No refunds will be issued after the commencement of a course. In the event that a course is cancelled, registrants will automatically receive a full refund.

### FOIP Statement:

The personal information which you provide on this application form is being collected under the authority of the Freedom of Information and Protection of Privacy legislation of the Government of the Province of Alberta for the purpose of registering for a Program or Course through Continuing Education at Olds College; Conducting program/course evaluation and research and creating a mailing list for future program, course opportunities. In certain instances, this information may be shared with third party organizations who are actively involved in providing specific educational offerings. Public inquiries concerning the collection, use and disclosure of personal information provided on this application form should be directed to the FOIP Coordinator, Olds College, 4500 - 50th Street, Olds, AB T4H 1R6 (403) 507-7912, [hcarnota@oldscollege.ca](mailto:hcarnota@oldscollege.ca). If you object to information being shared with third party organizations associated with Olds College courses, please check the box to the right.