TYPE OR PRINT LEGIBLY

ORANGE COAST COLLEGE
ACTIVITY REGISTRATION FORM

Name _____ ☐ Classified Staff ☐ Administration ☐ Part Time

Division/Department _____

Phone _____ Date _____

Workshop #	Date/Time	Title	Hours

_____

Signature of Employee Date

_____

Signature of Supervisor (for Classified Staff) Date

Make a photocopy of this form for your records

Revised 9/06