



# Ozarka College

## Continuing Education Enrollment Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Participant Affiliation to Ozarka College (*Circle One*)**

Employee	Student	Fitness Center Member Only	Community Member
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### **Campus Affiliation**

Ash Flat	Melbourne	Mammoth Spring	Mtn. View
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**Name of Course: Ozarka College Fitness Challenge**

**Instructor: Stacy Gore**

**Number of Miles Pledged** \_\_\_\_\_

Please complete this form and return to:  
**Stacy Gore, Coordinator**  
**Paul Miller Fitness Center**  
**PO Box 10, Melbourne, AR 72556**

Thank you for participating in this course sponsored by Ozarka College.  
Personal information collected on this form will not be released outside the College. Only aggregated data will be used for reporting purposes.

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Office use only: Date received \_\_\_\_\_