



REGISTRATION FORM MERIT SHOP TRAINING, INC.

TO BE COMPLETED BY STUDENT/PLEASE PRINT

Craft(Registering in)_____

___MSTI Certificate Program

___Upgrade Training

Name_____ Date of Birth_____

Address_____ City_____ Zip_____

Phone No._____ Social Security No._____

Employer Company_____ Supervisor_____

- ___Male
- ___Female
- ___White
- ___Black
- ___Hispanic
- ___Asian
- ___Other

I give permission for Brazosport College to release my grades, attendance records and student ID# to my employer, MSTI and ABC of Texas Gulf Coast, Inc.

In consideration for the voluntary training program offered by Merit Shop Training, Inc.; I hereby agree to accept all responsibility and liability for any and all harm or injury which I might suffer while attending such classes, or while in transit to and from such classes.

Signature_____ Date_____

Comments:_____ Classes:_____

Student Must Pay MSTI Registration Fee

FOR OFFICE USE ONLY

___Fall 20___

___Phone/Internet Registered

___Spring 20___

___Out of State Student

___Summer I 20___

___Approved for ___Classes & Coop ___

___Summer II 20___

Phone Approval:_____

Company Rep. Date Initial

MERIT SHOP REPRESENTATIVE

TRAINING DIRECTOR