



# NORTHERN ARIZONA UNIVERSITY

## Registration for Continuing Education Classes Non Credit Form **PHYSICAL EDUCATION SERVICE (PES)**

Class Name: \_\_\_\_\_

Class Number: \_\_\_\_\_

**Information:**

Full Name: \_\_\_\_\_

NAU ID: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Please Circle One:**

NAU Student

NAU Staff/Faculty

Community Member

**Please turn in form to:**

PES Office

Rolle Activity Center  
Room 101B

Mail to:

Health Sciences Attn: PES  
P.O. Box 15095  
Flagstaff, AZ 86011

Fax to:

(928)523-1159

Email to:

ask-pes@nau.edu

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**FOR OFFICAL USE ONLY**

ΔCheck      Name on Check: \_\_\_\_\_ Check #: \_\_\_\_\_

ΔMoney Order      MO# \_\_\_\_\_

ΔCredit Card      Last 4 Digits of CC#: \_\_\_\_\_

Received By: \_\_\_\_\_

Capacity Dropped? ΔYes

Gave Policy sheet? ΔYes

DATE ADDED TO ROSTER: \_\_\_\_\_

