

Registration Form for TCFP courses at Weatherford College

Return form to wcpinfo@wc.edu

Please print legibly

TCFP Course _____

Date of Course _____

Name _____ FIDO ID# _____

Date of Birth _____

Email address _____

Phone number _____

Mailing address _____

City _____ State _____ Zip Code _____

County _____ Social Security # _____ Gender _____

Emergency Contact _____

Emergency Contact number _____

Note: Social Security number will be required for registration, we will contact for the information.