



Greater Houston Retailers Cooperative Association, Inc. (GHRA)

12790 South Kirkwood Road, Stafford, TX 77477

Ph: 281-295-5300 Fax: 281-295-5399 www.ghraonline.com

CLASS REGISTRATION FORM

Submit with Payment

Attendee (Student) Information: (Please write clearly)

GHRA # _____ Non-GHRA

First Name: _____ Middle Initial _____ Last Name: _____

Driver's License #: _____ SSN #: _____
(Required for Food Manager & TABC) (Required for TABC)

Email Address: _____

<i>Name of Class</i>	<i>Time</i>	<i>Date of Class</i>	<i>Amount-(Bring exact change)</i>
Certified Food Manager's Program (PRE-REGISTRATION IS REQUIRED)	9:00 AM – 5:00 PM		\$100-Cash or M/O
TABC	1:30 PM – 4:00 PM		\$25- Cash or M/O
TCEQ	1:00 PM – 4:00 PM		\$50- Cash or M/O
Other _____			

Store Name: _____

Store Address: _____

City _____ State _____ Zip _____

Cell Phone #: _____

Mailing Address: (Please note this will be the address that your certificate will be mailed.)

Street Address: _____

City _____ State _____ Zip _____

★ **Signature:** _____ **Date:** _____

Please Read	Office Use
<p>**Submit together <u>one week</u> in advance**</p> <p>a) Registration Form</p> <p>b) Payment (Cash or Money Order)</p> <p>We prefer Cash but if your bring Money Order then ('Leave PAYABLE TO blank). Do not mail payment. Checks not accepted.</p> <ul style="list-style-type: none"> • Class schedule is subject to change. • Call GHRA Office one day before class for confirmation • If you cannot come to the class, please inform GHRA in advance. After 2nd absent payment will not be refunded. 	<p>Amount: \$ <input type="text"/> Receipt # _____</p> <p>Select one - <input type="radio"/> Cash <input type="radio"/> M/O - _____</p> <p>Payment received from: _____</p> <p>Payment Received by Name: _____</p> <p>Signature: _____ Date: _____</p> <p>Notes: _____</p> <p>_____</p>