



TECHNICAL OUTREACH COMMUNITY HELP PROGRAM REGISTRATION FORM

Print Please

Today's date:					
PARTICIPANT INFORMATION					
Participant's last name:		First:		Middle:	
Street address:			Phone Number ()		
P.O. box:	City:		State:	ZIP Code:	
Email Address:					
Current grade in school (if applicable):	Age:		Sex:		
	<input type="checkbox"/> under 18		<input type="checkbox"/> 18 - 24		<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> 25 - 34		<input type="checkbox"/> 35 - 44		
	<input type="checkbox"/> 45 - 54		<input type="checkbox"/> 55 - 64		
Do you have a computer at home?		Do you use the internet at home?		Have you used a computer before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you describe your comfort and skill level using computers?					
<i>Please check the computer topics that you would like to learn more about</i>					
<input type="checkbox"/> Network Login		<input type="checkbox"/> Microsoft Word		<input type="checkbox"/> Email Usage	
<input type="checkbox"/> The Windows Desktop		<input type="checkbox"/> Microsoft Excel		<input type="checkbox"/> Internet Usage	
<input type="checkbox"/> The Start Menu		<input type="checkbox"/> Microsoft Powerpoint		<input type="checkbox"/> Virus Prevention	
<input type="checkbox"/> Windows Explorer		<input type="checkbox"/> Microsoft Publisher		<input type="checkbox"/> Other _____	
How did you hear about this class?					