

SCC Lifelong Learning at The Villa at Flowing Springs



BOB ROSS PAINTING

These classes are for painters of all abilities, including beginners. Come and spend a relaxing time painting. It is an excellent stress reliever and offers a wonderful sense of accomplishment. Students must bring to class a roll of VIVA or BOUNTY paper towels. (All art supplies needed to accomplish the day's painting will be provided by the instructor for an additional cost of \$20 payable the morning before class starts. Check or cash accepted. No credit cards.) Donald Belik is a certified Bob Ross instructor. Students must be at least 13 years of age to enroll and take the class. Students under the age of 16 must attend with an enrolled adult. Students will take home their completed painting. NOTE: Finished painting does not include a frame.

Forest Edge

A large oak tree guards the entrance to a dense forest set aglow from the morning light.

Course Number: **BBB-1046** Tuition: \$30
 Sec Start End Day Time Inst
 OCFA Oct. 10 Oct. 10 S 9 a.m.-3:30 p.m. Belik



Gentle Yoga

Enjoy a relaxing workout to restore balance to your body and mind while improving your health, decreasing common symptoms of your condition and reducing stress all at the same time! This class can benefit those with a variety of health conditions such as diabetes, heart disease, fibromyalgia and cancer survivors. The poses are modified for your comfort level and can be performed in a chair, standing or in mat position. Appropriate for all ages and fitness levels.

NOTE: No class Dec. 28.
 Course Number: **BBB-1557** Tuition: \$24
 Sec Start End Day Time Inst
 OCFA Nov. 23 Jan. 18 M 4:30-5 p.m. Schroller

**All classes are held at
 The Villa at Flowing Springs, 2211 Sunset Dr.**

**For more information or to register, please call Kelly Morgan at
 402-228-8244; 1-800-233-5027, ext. 1244; or kmorgan@southeast.edu.**

REGISTRATION FORM - NON-CREDIT COURSE



Complete this form with payment information and send via FAX or mail to: **SCC-Continuing Education**
4771 W. Scott Rd., Beatrice, NE 68310
FAX: (402) 228-2218

PLEASE PRINT
 Include credit card information or Letter of Authorization for third-party billing. The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

2009 QUARTER	
<input type="checkbox"/> SUMMER	<input type="checkbox"/> WINTER
<input checked="" type="checkbox"/> FALL	<input type="checkbox"/> SPRING

Social Security Number		Name: Last		First	Middle Initial	E-mail address	
Residence Mailing Address				City	State	Zip	County # <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone
Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: (Used for statistical purposes only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Asian/Pacific Island <input type="checkbox"/> Black/African-American, Non-Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other		Veteran or Dependent Utilizing Military Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Resident of Nebraska <input type="checkbox"/> Non-Resident of Nebraska	Home Phone

Please Check: **Bob Ross - Forest Edge • \$30**
 Oct. 10 • 9 a.m.-3:30 p.m. • BBBX-1046-OCFA

Gentle Yoga • \$24
 Nov. 23-Jan, 18 • 4:30-5 p.m. • BBBX-1557-OCFA

SIGNATURE

Check Cash Mastercard Discover VISA V Code

Name as it appears on card: _____

Exp. Date _____ Credit card # _____

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jpol@southeast.edu. La política pública de SCC es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo, edad, estado civil, origen nacional, etnia, condición de veterano, orientación sexual, discapacidad, u otros factores prohibidos por ley o política del Colegio. Preguntas relacionadas a la política sobre equidad/nondiscriminación de SCC deben dirigirse a: Vice President for Access/Equity/Diversity, SCC Area Office, 301 S 68 Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, o jpol@southeast.edu.

Staff/Department Discount	()
TOTAL DUE	
FOR OFFICE USE ONLY	
DE _____	ID# _____