

**FOOD SERVICE MANAGERS' CERTIFICATION
REGISTRATION FORM**



- **Register: 1st Registration**
- **Re-schedule: from (dates) _____**
- **One free Re-test – Date of last exam: _____**

Employer/Business: _____ Class Dates: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Email Address: _____ Date of Birth: _____

Mailing Address: _____

Work No: _____ Cell Phone No: _____

Participants Signature: _____ Date: _____

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- Do you have a fever OR symptoms of upper or lower respiratory illness such as a cough, shortness of breath, difficulty breathing Or sore throat: **Yes or No**
 - Have you traveled internationally within the last month or recently traveled to an area with known local spread of COVID -19? **Yes or No**
 - Have you come into close contact (within 6 feet) with someone who has had symptoms such as fever, lower respiratory illness, such as cough, shortness of breath, difficulty breathing, or sore throat in the last 14 days? **Yes or No**

FOR OFFICE USE ONLY

******* TUITION (FORM OF PAYMENT): CASH OR CREDIT CARD ***EXCEPT AMERICAN EXPRESS *****
***** (NON-REFUNDABLE) *******

Cashier Payment Receipt No: _____ Date Paid: _____

Staff Signature: _____ Date Processed: _____

Class Hours: Monday 8:00 a.m. to 5:00 pm (Instructional)
Tuesday 8:00 a.m. to 5:00 pm (Instructional & Review)
Wednesday 9:00 a.m. to 12:00 (Exam)

Location: C-Building, 2nd Floor, Room C21 | View GCC Campus Map: www.guamcc.edu/campusmap