



PROGRAM REGISTRATION PAYMENT FORM

Please use the following form to submit payment for program registration.

Applicant Name: _____

Enclosed is a money order made payable to RICCE, Inc.

Enclosed is cash.

Address: _____

City

State

Zip

Email address: _____

Amount Paid: \$ _____

For Office Use Only:

Approval Code: _____

Date Entered: _____