

WEST HILLS COLLEGE LEMOORE
5C Experience Student Application

Student Name: _____
Address: _____
City: _____
Zip: _____
T-Shirt Size: XS S M L XL (Please circle one)
Grade Entering: _____
Name of School: _____

Please tell us why you want to attend the 5C Experience:

- Applications and Waivers must be returned to:

Administration Building
West Hills College Lemoore
555 College Ave
Lemoore, CA 93245

- Questions should be directed to:

James Preston at 559-925-3146 or Jody Ruble at 559-925-3127.

Please include any comments or special requests on the back of this application.