



Serving Southeastern Wisconsin since 1911

**Authorization Form  
For WTCS 2% Fire Insurance Dues**

**Sponsored Student Only**

The undersigned company/agency will assume the responsibility for payment of fees for the employees in the amounts and categories indicated. Attendance or satisfactory completion of a course will not be considered a condition of payment. Billing will be according to the refund policy approved by the state VTAE Board. Credit will be given for dropped class according to the Gateway refund policy. If a student drops, withdraws, fails or does not complete a class, the company/agency is responsible for payment. If at the end of the academic year, the state and/or WTCS prorates their payment, the company/agency is responsible for payment of any remaining balance.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Course Title:** \_\_\_\_\_

**Tuition Per Student:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Number of Students:** \_\_\_\_\_

**Total Fees Covered:** \_\_\_\_\_

**NAMES OF PARTICIPANTS:**

(Please staple registration forms on back)

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