



**REGISTRATION FORM**

Applicant's Name: (Last) (First) (Middle Initial)			
<input type="checkbox"/> Mr.			
<input type="checkbox"/> Ms.			
Home Address:		Apt:	
Street:		Zip:	
City:		State:	
Date of Birth: / /	SSN: (optional)		
Home Phone:		Daytime Phone:	
Occupation:			
E-mail:			

**COURSES APPLIED**

Course Title	Course Schedule	Course Date	Tuition
	<input type="checkbox"/> weekday <input type="checkbox"/> weeknight <input type="checkbox"/> weekend		
	<input type="checkbox"/> weekday <input type="checkbox"/> weeknight <input type="checkbox"/> weekend		
	<input type="checkbox"/> weekday <input type="checkbox"/> weeknight <input type="checkbox"/> weekend		
	<input type="checkbox"/> weekday <input type="checkbox"/> weeknight <input type="checkbox"/> weekend		
Total:			

**PAYMENT METHOD**

<input type="checkbox"/> I enclosed check \$ _____ or money order \$ _____ from total shown	
<input type="checkbox"/> I hereby authorize use of my credit card : <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	
Card No.:	
Expiration Date: / (M/Y)	I.D. No: _____
Name appeared on the card: _____ (please print)	
Signature of cardholder: _____	Date: _____

1. A non-refundable \$50 registration fee will be charged at the time of registration and will be included in the tuition.
2. Cancellation of the class must be done at least 3 business days prior to the beginning of that class, or a penalty of \$100 will be charged.
3. If paid by check, the check has to be received at least a week prior to the class.