

# REGISTRATION FORM

*Please complete this form for each class participant. If registering more than one person, please make copies of this form.*

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*If Registering a Child: Parent's Name \_\_\_\_\_ Age of Child \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

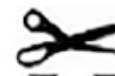
Course \_\_\_\_\_ # \_\_\_\_\_ Fee \_\_\_\_\_

Course \_\_\_\_\_ # \_\_\_\_\_ Fee \_\_\_\_\_

Course \_\_\_\_\_ # \_\_\_\_\_ Fee \_\_\_\_\_

What other classes would you like to see offered? \_\_\_\_\_

*By putting your email, you authorize us to add you to our E-Newsletter list in which you will receive monthly emails containing upcoming CE Events/classes, special offers, and more. If you do not wish to be added to our E-newsletter, indicate so by checking the following box  Do Not add me to your E-Newsletter.*



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