

CLASS REGISTRATION FORM USE THIS FORM IF YOU PAID BY PAYPAL

Email you used to make Payment:

Class #		Class Date:	Class Date:	
Class Cost \$				
STUDENT IDENTIFICATION	N NUMBERS:			
Insurance #		Social Security #	Social Security #	
Date of Birth:				
STUDENT CONTACT INFORMATION:				
STODENT CONTINUE	TRIVITATION.			
First Name	Middle Name		Last Name	
Address:				
City:	State:		Zip:	
Phone:	Fax:		Cell:	
Email:				
WILL DO VOLLWORK FOR	0			
WHO DO YOU WORK FOR?				
Company:				
Manager's Name				
Manager's Email				
Address:			T =-	
City:	State:		Zip	
Phone:	Fax:			
Company Website:				
IF YOU PAID BY PAYPAL,	PLEASE FAX THIS FO	ORM TO OUR OFFI	CE FOR PROCESSING TO	

PLEASE FAX TO 318-688-3313

Cancellation Policy:

Written notice is required prior to 48 hours before class begins in order to receive a refund. An administrative fee of \$25.00 is charged for any cancellation. No Refunds after class begins! No phone calls or faxes accepted for cancellation.

ALLOW US TO MATCH UP YOUR PAYMENT WITH YOUR RECORDS.