



*Advanced Training and Educational
Classes*
REGISTRATION FORM



NAME OF CLASS/EVENT _____

LOCATION _____

DATE/TIME _____

DEPOSIT AMOUNT _____

.....

NAME _____

ADDRESS _____

CITY/STATE _____ **ZIP** _____

EMAIL _____

TELEPHONE _____ **CELL** _____

METHOD OF DEPOSIT (BALANCE DUE ON DAY OF CLASS)

VISA/MC/CHECK/M.O./CASH

CC #: _____ **EXP** _____ **PIN** _____

DEPOSITS ARE 25% OF COURSE COST.

BALANCE MUST BE PAID ON DAY OF CLASSES.

**A CONFIRMATION LETTER OR EMAIL WILL SENT TO INCLUDE:
WHAT IF ANY ITEMS THAT YOU MAY NEED TO BRING WITH YOU FOR YOUR COMFORT
DURING CLASS PARTICIPATION.**