

Student Enrollment Form

Name:			
Address:			
City	, State, Zip Code		
Telephone:	Email:		
Course Title	Course Date	Course Time	Course Cost
who arrives late or no-sl refund. Payments are expected is day notice in writing pri incur a 50% change/cand	n full upon registration or to course date. Anyo	Any changes or can	ncellations require a 7-
Certificates of Completion after class completion.	n are provided once all 1	requirements are me	t, no later than 14 days
I understand that I am a change/cancellation policy	-	ve-mentioned course	es and understand the
Type of Payment:	Form of Paymen	t:	
Credit Card No		Exp Date:	CVC:
Card Holder Full name: _			
Card Holder Address:			
Student Signature:			