



**Enrollment for Adult Class in \_\_\_\_\_**

**Class Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_**

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Amount of Tuition Paid: \$ \_\_\_\_\_**

**Method of Payment:**

Cash [ ] Check [ ] # \_\_\_\_\_

Credit Card: Visa [ ] Mastercard [ ]

Credit Card Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

**NO REFUND OF TUITION.**

**A fee of \$ 25.00 will be charged for all returned checks and declined credit cards.**

**Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_**