



Enrollment for Saturday Adult Class in _____

Class Start Date: _____

Name of Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amount of Tuition Paid: \$ _____

Method of Payment:

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** _____