



## REGISTRATION FORM

Date: \_\_\_\_\_

Registration Type: Corporation

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

Participant's name and number:

Name:

Phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Course and Section: \_\_\_\_\_

Course Date: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Payment method: (Payments by phone require an authorization form)

\_\_\_\_\_ Cash

\_\_\_\_\_ ATH

\_\_\_\_\_ Check

\_\_\_\_\_ Visa

\_\_\_\_\_ Mastercard