



Student Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please list the class or classes with the corresponding instructor and date that you are applying for below.

Class _____
Instructor _____
Date _____
Class Fee \$ _____

Class _____
Instructor _____
Date _____
Class Fee \$ _____

Total Class Fee \$ _____

How are you planning to pay for the class or classes?

Cash Check Money Order Visa Mastercard American Express

Card Number _____ Expiration Date _____

Card Holder Name _____

Billing Address: _____

City _____ State: _____ Zip: _____

Signature _____

To Be Filled Out By Carlisle:

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