

# REGISTRATION FORM

## PARTICIPANT 1

(Please print clearly, as this name will appear on the certificate)

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

## PARTICIPANT 3

(Please print clearly, as this name will appear on the certificate)

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

## PARTICIPANT 2

(Please print clearly, as this name will appear on the certificate)

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

## PARTICIPANT 4

(Please print clearly, as this name will appear on the certificate)

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

## ESTABLISHMENT

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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