



REGISTRATION FORM, CLASSES

P.O. Box 185; 201 West Galena Street (RT 30)
Big Rock, IL 60511
(630) 556-9665

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____ EMAIL: _____

| Class | Number | Date | Cost | Total |
|-------|--------|------|------|-------|
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Payment: Check MasterCard VISA
Card number _____ EXP. Date _____

POLICIES: Full payment must be received at time of booking to ensure your class.
Cancellation will be refunded in the form of store credit.