

COUNTRY  
SCHOOLHOUSE

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CLASS REGISTRATION FORM

(Please print this form and mail to Country Schoolhouse)

Class Date

Class Deposit (50%)

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Total: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check enclosed:\* Amount: \_\_\_\_\_ (Check payable to Janice Cormier)

\*Please note that we do not accept credit cards for classes and seminars.