

THE GREEK SCHOOL OF SAINT GEORGE

REGISTRATION FORM

Adult Classes
2008-2009 School Year

Please complete this form by printing or typing the following information in English.
Payment in full must accompany registration.

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: () _____

WORK TELEPHONE NUMBER: () _____

CELL TELEPHONE NUMBER: () _____

I will be attending:

___ Beginners Group ___ Intermediate Group ___ Advanced Group

Amount: \$420 / individual or \$760 / couple - Please circle what applies

*Payment is required in full on the first day of classes during the week of October , 2008.
Fees and tuition will not be refunded for registration cancellations after October, 2008.*

*There will be no classes during the first week of lent, i.e., week of March , 2008.
These lessons will be made up at the end of the School year.*

Method of Payment: ___ Cash ___ Check No.

EMERGENCY INFORMATION

Name of close relative or family friend _____

Telephone number of this person: _____

In case of emergency, you will be transported to the nearest hospital unless you specify otherwise.

In an emergency, I wish to be taken to: _____

I FULLY AGREE WITH THE TERMS ABOVE.

STUDENT SIGNATURE: _____

DATE OF SIGNATURE: _____