

THE GREEK SCHOOL OF SAINT GEORGE

REGISTRATION FORM

Adult Classes
2010-2011 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: \$500 / person

*Payment is required in full on the first day of classes during the week of October 6, 2010.
Fees and tuition will not be refunded for registration cancellations after October 15, 2010.*

*There will be no classes during the first week of lent.
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: _____