



**Spanish International Learning
Adult Classes Registration**

Name: _____

E-mail Address: _____

Cell No: _____

Emergency Contact Name and Cell No: _____

Mark with an (X) how many days you will attend classes:

_____ (2 days a week) Tuesday and Thursday from 7:00pm to 8:30pm (\$310.00)

_____ (3 days a week) Tuesday, Wednesday, and Thursday from 7:00pm to 8:30pm (\$355.00)

A \$75 registration fee is due upon registration. It is non transferable and/or non refundable

Payment Method: Check _____ Credit Card _____ Cash _____

Credit Card No: _____

Exp. Date: _____ CVV Code (3-digit number on the back) _____

Name on Credit Card (as printed): _____