

# ENROLMENT FORM



Name: \_\_\_\_\_

Trainer Name: Dwayne Groome

Company: \_\_\_\_\_

Company Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Resident Tel: \_\_\_\_\_

Email Address: \_\_\_\_\_

CHEQUE    VISA    MC    AMEX    Cash

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Please fill out the address where you receive your credit card statement. Your credit card cannot be processed without it.

**Applicable taxes not included. GST/HST no. 880218920**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ PC: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT

Refunds must be applied for in person by the student at the first class.

Refunds will not be approved before or after the first class.

**NO EXCEPTIONS**

Box 37057, Lynnwood P.O., Edmonton, AB T5R 5Y2

Toll Free: 1.877.404.1500

Toll Free Fax: 1.877.404.1505

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