



Registration Form

Student's full name: _____

Mailing address: _____

Student's age: _____ / Gender: M _____ F _____

Parent(s) / Guardian(s) full name: _____

Telephone numbers: Home _____ Cell: _____ Work: _____

E-mail address: _____

Course Date: Please put an "X" next to the class date wishing to attend.

January 14 – February 25, 2012 (**CLASS IS FULL**)

March 3 – April 28, 2012 _____

Note: Enrollment priority is based on the order enrollment form and payments are received. Postponement / cancellations must be received in writing 72 hours prior to beginning of class.

Please make check payable to: The Etiquette and Leadership Institute of Indiana, mail to P.O. Box 29245, Indianapolis, IN 46229.

Signature: _____ Date: _____

For office use only: Etiquette class form and tuition received on this date: _____