

Name: _____
First MI Last

Street _____

City _____ State _____ Zipcode _____

Home: () - - Work: () - - Ext. E-Mail: _____

Cell Phone: () - - - / /
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin) this is in addition to the "Race" Category

Hispanic: Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female Other/Non-conforming

Handicapped? Yes No **Disabled?** Yes No

Veteran or active military? Yes No

Relationship to Customer/Applicant (please circle): Spouse Daughter Son Sister Brother
Girlfriend Boyfriend Mother Father Other _____

I understand this class fee is nonrefundable charge and cannot be transferred to another applicant.

Customer/Applicant Signature Date

Co-Applicant Signature Date

Class Date Chosen: _____

Number of Participants Registered: _____

Class Fee amount: _____ (total for all participants)