

REGISTRATION FOR ADULT CLASSES

I am registering for the _____ class, which
takes place on (DATE) _____ at (TIME) _____.

My name and address are as follows:

Telephone numbers where I may be reached:

My Email address:

I am allergic to:

Please list any physical limitations we should know about or any learning disabilities you may have. We ask this in order to make your time with us the most comfortable and positive experience possible. _____

All monies are required two weeks prior to the start of any class unless other arrangements have been made in advance.

Please make checks to: THE ETIQUETTE SCHOOL OF NEW YORK

Please mail to: The Etiquette School of New York
21 South Greenfield Road
Greenfield Center, New York 12833-1020