

## Application for Enrollment

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (Where you can best be reached)  
\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

In case of emergency contact:

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

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

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

I would like to enroll in classes held:

\_\_\_ Monday evenings from 6:30 pm to 9:30 pm \_\_\_ Tuesday evenings from 6:30 pm to 9:30 pm

\_\_\_ Wednesday evenings from 6:30 pm to 9:30 pm \_\_\_ Thursday evenings from 6:30 pm to 9:30 pm

\_\_\_ Saturday mornings from 10:00 am to 1:00 pm

You will receive confirmation of your enrollment within two weeks of receipt of application. If you do not receive confirmation, please call 773-477-6482.

Enclosed please find:

\_\_\_ Payment in full \$390.00

\_\_\_ My deposit of \$195.00 (Second payment is due by the third class)

Please make checks payable to "Woodsmlyths"

\*On the reverse, please explain why you are taking this class and what you hope learn.

Please mail completed application and payment to: **WoodSmyths**  
**1835 West School Street**  
**Chicago, IL 60657**