

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 due by 1st class)

Please make checks payable to "Woodsmyths"

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

Please mail completed application and payment to: **WoodSmyths**
1907 N Mendell
Chicago, IL 60642