Registration Form

Please email or mail this to me before the start of the first class at:

claireverdoorn@gmail.com

4018 36th Pl.
Des Moines, IA 50310

Student's Name: _____

Email: _____

Phone: _____

Course/Courses Selected: _____

Cash or checks may be mailed or given on the first day of class.

Payment Amount:

Payment Method:
___ Cash
___ Check

Date of Payment: _____

Thank you!