

# ENROLLMENT FORM



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

Trainer Name: Dwayne Groome

Company: \_\_\_\_\_

Company Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Resident Tel: \_\_\_\_\_

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

CHECK    VISA    MC    AMEX    Cash

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Please fill out the address where you receive your credit card statement. Your credit card cannot be processed without it.

**Applicable taxes not included.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT

**Refunds must be applied for in person by the student at the first class.**

**Refunds will not be approved before or after the first class.**

**NO EXCEPTIONS**

4802 E. Ray Rd. Ste. 23-390, Phoenix, AZ 85044

Toll Free: 1.877.404.1500

Toll Free Fax: 1.877.404.1505

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