

ENROLMENT FORM



Name: _____

Trainer Name: Dwayne Groome

Company: _____

Broker Name: _____

Company Tel: _____

Cell: _____

Resident Tel: _____

Email Address: _____

CHECK VISA MC AMEX Cash

Amount: _____

Card No.: _____ Exp. Date: _____ CVC: _____

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: _____ Prov.: _____ PC: _____

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

www.DwayneGroomeSeminars.com

training@DwayneGroomeSeminars.com



White - Trainer's copy Yellow - Student's copy