

THIS AGREEMENT IS A LEGALLY BINDING CONTRACT WHEN SIGNED BY THE STUDENT AND ACCEPTED BY LAFA



Where did you hear about us? (Required)

Term/Year

Last Name/First Name, Middle Initial (please print legibly)

Phone (Home & Alternate)

Date

Address, Apt #, City, State, Zip

Email Address

ALL COURSES INCLUDE A NON-REFUNDABLE \$100 REGISTRATION FEE

Course#	Course Title	Day/Time	Date(s)	Total Fee	Payment Received	Balance Due
	NON-REFUNDABLE ADMINISTRATIVE FEE			\$15.00	\$15.00	\$0.00

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EXP DATE

TOTAL DUE

PAYMENT RECEIVED

BALANCE DUE

VISA MC DISCOVER (AMEX not accepted)

SEC CODE

CHECK #

CASH RECEIPT #

My signature below certifies that I have read, understood and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

SIGNATURE

FOR OFFICE USE ONLY:

Credit Card Signature?
 Signed Policies?
 Send Supply List?
 Mail, E-mail, or Fax
 Associate: _____