

New York Center of Truth

CLASS REGISTRATION FORM

[PLEASE PRINT AND COMPLETE A SEPARATE FORM FOR EACH CLASS]

Name: _____ Date: _____

Address:

City/State/Zip:

Home Phone: (____) _____ Business Phone (____) _____

PLEASE REGISTER ME FOR THE FOLLOWING CLASS:

Course Title: _____

I AM TAKING THIS CLASS FOR (Check one): Credit Non-Credit

Please Make Checks Payable to: **“New York Center of Truth”**

FOR OFFICE USE ONLY:

Date Registration Completed: _____ Teacher: _____

Course Location: _____
