

SOUTH HILLS
3269 West Liberty Ave
Pittsburgh, PA 15216



NORTH HILLS
813 West View Park Dr
Pittsburgh PA 15229

REGISTRATION FOR ADVANCED COURSES

NAME: _____

Address: _____

PHONE # _____ EMAIL _____

COURSES: _____ Total Amount \$ _____

A **non refundable** \$100.00 deposit will place your kit order and/or hold a place for you in the class. If you should need to reschedule, your deposit will be submitted to the next class date. If the school needs to postpone the class for any reason, the class will be rescheduled at a later date.

Method of Payment: (Circle one) CASH Master Card Visa Check # _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Security Code on the Back: _____

Billing Address for the Card: _____

Please circle one: \$100.00 Deposit or Payment in full \$ _____

I, _____, agree to these recurring transactions to be automatically deducted from my credit card. If unable to make a transaction due to insufficient funds I am responsible for the payment and a \$10.00 failed transaction fee. I am also aware that I will not receive my certificate until I am paid in full.