

ENROLMENT FORM



Name: _____

Trainer Name: Dwayne Groome

Company: _____

Company Tel: _____

Cell: _____

Company Fax: _____

Resident Tel: _____

Email Address: _____

CHEQUE VISA MC 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: _____ 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

#28, RR3, Site 304, Onoway, AB TOE 1V0

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