

Registration Form for Classes at KELLY'S MAGICAL GARDEN

Please give to Kelly or mail to:

Kelly L Weaver 43 Essex Road Camp Hill, PA 17011

www.kellysmagicalgarden.com • 717 737-7623 • weaviate@aol.com

Name: _____

Address: _____

State: _____ Zip code _____

Daytime Phone: _____ PM Phone: _____

Cell Phone: _____

E-mail Address: _____

Course Selection or Continuation

1. _____

2. _____

3. _____

4. _____

5. _____

Total Amount Due: \$ _____

Deposit _____ Cash/Check/Credit Card (Please circle)

Credit Card Info: MC VISA (Circle) _____ Exp _____

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I (print name) _____ agree to attend the class or classes indicated above offered at Kelly's Magical Garden. I understand I am responsible for the cost of each class in which I am registering. I agree to pay Kelly Weaver for each class. If I am unable to attend any classes, I will mail a payment or give permission for my credit card to be used to cover the monthly fee. I understand that if I disrupt the classes in any way, I will be asked to leave, and will be responsible for the payment of the course.

Signature of Student: _____ Date _____