

# Application for Enrollment

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth	
Sex	

## How did you hear about us?

<input type="checkbox"/> our website	<input type="checkbox"/> word of mouth
<input type="checkbox"/> internet search	<input type="checkbox"/> in the neighborhood
<input type="checkbox"/> yellow pages	<input type="checkbox"/> a graduate of ours:
<input type="checkbox"/> newspaper	Name:
<input type="checkbox"/> other (please specify):	

## Which class are you enrolling?

<input type="checkbox"/> Certified Mixology
<input type="checkbox"/> Mixology 101
<input type="checkbox"/> Mixing it up with Friends
<input type="checkbox"/> T.I.P.S
<input type="checkbox"/> other:

**Desired  
Start Date:**

## Mention/Attach any discounts/coupons

## Signature

**Date**

COMPLETED ENROLLMENTS: PLEASE EMAIL ([ACADEMYOFBARTENDING@YAHOO.COM](mailto:ACADEMYOFBARTENDING@YAHOO.COM)) OR  
FAX: 757-595-2275