

FINAL TOUCH FINISHING SCHOOL



REGISTRATION FORM

PERSONAL INFORMATION

Name of Applicant: _____ Date of Birth: _____

Parent or Guardian (if applicant is a minor): _____

Address: _____
ADDRESS CITY STATE ZIPCODE

Billing Address: _____
ADDRESS CITY STATE ZIPCODE

Home Phone: _____ Alt. Phone: _____

E-mail: _____ Allergies: _____

FINAL TOUCH FINISHING SCHOOL CLASSES

Selected Courses: _____

Location: _____ Course Date: _____ Course Fee: _____

Areas of Special Interest: _____

Please mail your registration form and payment to:

Final Touch Finishing School
PO Box 142
Decatur, TX 76234

For more information visit our website or call toll free:

1-877-808-2078
www.finaltouchschool.com

Cancellation Policy: No refunds will be made for no-shows or cancellations within ten day of the event. If Final Touch receives written notice of intent to cancel ten days prior to the event, 100% of the fee will be refunded less a 20% processing fee.

PAYMENT METHOD

Check enclosed for: _____ Please make checks payable to Final Touch Finishing School
 Visa M/C

Card No. _____

Exp. Date: _____ 3 Digit Pin: _____ Amount: _____

Print Name: _____

Signature: _____

(My signature authorizes the Final Touch Finishing School to charge my card according to the amount indicated.)