

## Felts Training Institute

## www.feltstraining.com

Safety Training \*Life Skills development \*Camps \*Workforce Dev. \*Community Classes Ph: 800-714-0435
E: info@feltstraininginstitute.com

## **Registration Form**

Name of participant :	
Address:	
	Contact person:
Email:	
Name of training class:	
Location of class	Date(s) of class:
Price per participant:	Total cost:
Name & number of person authorized to	o pick up child:
Will participants need special accommo	dations?
If so, please indicate needed accommod	ation:
Billing information:	
	ccept major credit cards, venmo, checks – You can pay online at ake payable to: Felts Training Institute, P.O.Box 1055, Perry, Ga. 31069
Cancellation / Refund:	
date. If that date/time is a conflict for y show" – you will not receive a refund. I	en circumstances (inclement weather, etc.) we will reschedule the training our participants, you will receive a full refund. If your participants are a "no Late Arrivals: Participants arriving 15 minutes or later for certification 0, etc.) will be considered a "no-show" and not admitted. By signing this in.
Print:	Title:
Sign:	Date: