



Community Outreach

Safety Training & Workforce

Felts Training Institute

Safety Training ▪ Life Skills development ▪ Camps ▪ Workforce Dev. ▪ Community Classes
Ph: 800-714-0435

Registration Form - (Community)

Participants name: _____ Age: _____ (if a minor)

Name of class: _____ Fee: _____

Location of class _____ Date(s) of class: _____

Parent / guardian: _____

Phone: _____

Emergency contact: (for in-person class) _____

Name of person authorized to pick up child? _____

Is there anything we should know about the participant? i.e., recent trauma, anger challenges, challenges in school, etc. ?

Payment is due with registration. For questions, please contact:

Yolanda, at 404-993-2844, or Yolanda@feltstraininginstitute.com

Sign: _____ Date: _____
Parent / guardian signature