



CLASS SIGNUP FORM

Please attach \$200.00 DEPOSIT TO HOLD YOUR PLACE IN CLASS

THE BALANCE MAY BE PAID FIRST DAY OF CLASS.

(PAYMENT PLANS ARE AVAILABLE. PLEASE DISCUSS WITH DIRECTOR AT 212-877-2219)

Mr./Mrs./Ms. _____

Home Address: _____

Class:

Day Phone: _____ Evening Phone: _____

Cell Phone: _____

Email Address: _____

Reason for taking class:

Mail to:
Mark Stolzenberg
2440 Broadway, Suite 275
New York, NY 10024