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COPE Enrollment Form

Your name: _____ Co-Parent Name: _____

Method of Payment: _____ Money Order/Cashier's Check _____ Cash

Amount: \$ _____

For class beginning: (circle one) Thursday/Saturday _____

Billing Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email: _____

This signature signifies my understanding that I am NOT entitled to any refund if I withdraw from the class, after the series has started, even after one class:

Signed _____

Date: _____

Receipt will be mailed upon receipt of the transaction, or sent via email, or hand delivered at the first class.