## Saing School

## **REGISTRATION FORM**

First Name				
Last Name				
Date of Birth				
Driver's License number				
Date Expire				
Address				
City				
Province		ZIP		
Home phone		Cell Phone		
Email				
Course register				
How did you hear about us				
Ad	Website	Friends	Search	Other
I have read and agreed to the school terms and condition				
I have read and agreed to the school Cancellation policy				