

ASL CLASS REGISTRATION FORM

March 9 – April 27, 2010

NAME: _____

ADDRESS: _____

PHONE EVENING: _____

PHONE DAYTIME: _____

EMAIL ADDRESS: _____

SELECT ONE:

BEGINNING ASL

\$ 75 (includes book)

TUESDAYS MARCH 9 – APRIL 27, 2010 6:30 – 8:30 PM

Please make checks payable to Knoxville Center of the Deaf.

Office use only

Check: _____

Cash: _____