



**Ameri-Skills**



## Training Course Enrollment Form

(You may also enroll online at [www.ameriskillstech.com](http://www.ameriskillstech.com))

<p><b>Student Information: (Please Print Clearly)</b></p> <p>Name: _____</p> <p>Home Mailing Address: _____</p> <p>_____</p> <p>City/State: _____</p> <p>Zip Code: _____</p> <p>Home Phone Number: _____</p> <p>NCS Date: _____ Union Local #: _____</p> <p>Work Address: _____</p> <p>City/State: _____</p> <p>Zip Code: _____</p>	<p><b>Student Information (cont.):</b></p> <p>Job Title: _____</p> <p><b>PERSONAL CELL PHONE ONLY FOR CONTACT:</b></p> <p>_____</p> <p><b>PERSONAL EMAIL ONLY FOR CONTACT:</b></p> <p>_____</p> <p><b>I can attend a class scheduled for:</b></p> <p style="text-align: center;"> <span style="margin-right: 40px;">Mon/Wed</span> <span style="margin-right: 40px;">Tues/Thur</span> <span>OPEN</span> </p> <p style="text-align: center;"> <input type="checkbox"/> <span style="margin-right: 40px;"><input type="checkbox"/></span> <input type="checkbox"/> </p>
---	---

<p><b>Method of Payment for Class:                      CWA Union Benefit</b></p>
---

<p><b>Courses Interested in:</b> _____</p>
--

**Instructions:** To enroll: Please complete this form, sign it and fax to (858) 356-6795. You may also enroll online at [www.ameriskillstech.com](http://www.ameriskillstech.com).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for Enrollment)

**Notice to Student:** Your signature on this form indicates your intention to attend class. You may cancel this enrollment with full refund of tuition by calling Ameri-Skills and cancelling before start of class. Once class has started, you may withdraw prior to completion for a prorated partial refund. Please retain a copy of this enrollment form and your funding authorization notice.

[www.ameriskillstech.com](http://www.ameriskillstech.com)  
Tel: (619)395-6575 Fax: (858)356-6795