

## REGISTRATION FORM

**Students must have form completed and turned in and class paid in full by the first night of class.**

### Italian Class Sign Up:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Senior? Yes ( ) No ( )

Please select your class:

[ ] Beginning, Instructor name: \_\_\_\_\_ Day of the week/Time: \_\_\_\_\_

[ ] Intermediate, Instructor name: \_\_\_\_\_ Day of the week/Time: \_\_\_\_\_

[ ] Advanced, Instructor name: \_\_\_\_\_ Day of the week/Time: \_\_\_\_\_

[ ] Conversation, Instructor name: \_\_\_\_\_ Day of the week/Time: \_\_\_\_\_

I am a current paid member of Dante [ ] yes { } no

I have paid my class tuition in full [ ] Amount Paid: \$ \_\_\_\_\_  
(checks payable to the Dante Alighieri Society of Santa Cruz)

I understand that once paid, there will be no refunds or credits for tuition or membership fees paid by students for this class. Only in the case of a situation in which the Dante Alighieri Society of Santa Cruz would not be able to deliver this class in its entirety, would a full or partial refund be offered.

Signature: \_\_\_\_\_

Thank you,  
Dante Alighieri Society of Santa Cruz  
P.O. Box 2451  
Aptos, CA 95003