

Lakeshore Ethnic Diversity Alliance
Spanish Class Registration Form

Name: _____

Home Address City ZIP

Home phone: _____ Alternate phone: _____
Work/Cell (please circle)

Email: _____

Organization (if applicable): _____

Class level and day/time: _____

Amount paid: _____ Date: _____

Cost of class is \$100 per person. Spots will be reserved on a first-come first-serve basis, as payment is received. Payments for the class are nonrefundable since space is limited to 20 students per class. Please make checks payable to the Lakeshore Ethnic Diversity Alliance and send with this completed form to:
Lakeshore Ethnic Diversity Alliance, PO Box 2945, Holland, MI 49422.