

# Class Registration Form

Please fill up the form, and mail it with your check to:

Alliance Française de Cincinnati - Suite 203  
7565 Kenwood Rd  
Cincinnati, OH 45236

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

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of class \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

===== Leave Blank - Alliance Française Use Only =====

Class Cost: \_\_\_\_\_

Check Number: \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check #: \_\_\_\_\_