



REGISTRATION FORM

Please print this form, complete and mail it along with your check to:

Language Central
2300 Central Avenue NE
Minneapolis, MN 55418

First Name _____

Last Name _____

Primary Phone _____

Email _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Class Title _____

(If registering for more than one class, please use additional space below and calculate charges accordingly. Questions? 612-315-2058)

Day _____ Time _____

Cost for Fall Classes: 10 sessions / \$250

Do you want to register for more than one class? Please list here, calculate charges and send in your check for the appropriate amount.

Full class schedules are available at www.languagecentral.us.

Questions? Please contact Lynn at lynn.olson59@gmail.com, 612-315-2058.