



REGISTRATION FORM

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

Language Central
2300 Central Avenue NE
Minneapolis, MN 55418
612-315-2058.

First Name _____

Last Name _____

Primary Phone _____

Email _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Class Title _____

Day _____ Time _____

Cost for Classes: 8 sessions / \$300

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

Questions? Please contact Manisha at manisha.languagecentral@gmail.com,