

4 L VE OF PETS®

CLASS REGISTRATION

Name _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Class Date _____

How did you hear about us? _____

Tuition Amount Enclosed \$ _____ (make checks payable to Tammie Variano)

Lunch Menu

(lunch is included in your tuition, please indicate your choices by checking the boxes)

Sandwich:

- Turkey
- Ham
- Tuna
- Roast Beef
- Italian Sub
- Vegetarian

Chips:

- Regular
- BBQ
- Jalapeno
- Salt & Vinegar

Cookie:

- Oatmeal Raisin
- Chocolate Chunk

Beverage:

- Coke
- Diet Coke
- Sprite
- Water

Mail this completed form and payment to:
4 Love of Pets PO Box 404 Wadsworth, IL 60083