

# 4 L VE OF PETS®

## CLASS REGISTRATION

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Class Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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