

## **Towo Solutions**

## **Training School**

## **Registration Form & Enrollment Agreement**

INSTRUCTIONS: Complete sections 1 through 4 and mail completed form to mailing address on bottom of form.

1 - Student Information:			
Name:		Pho	one: ()
Last	First	MN	
Address:			,
Street	City	State	Zip.
Email :			
2 - Course Enrollment:			
Course Date(s):		_ Course Time(s	):
□ 8 Hour Annual In-S □ 47 Hour Firearms  3 - Payment Method: □ Certified Check or Mone □ Credit/Debit Card – Go □ Zelle: 516-871-1171 Ca  Refund Policy: Students will receive a 100% restudent will receive a 50% refusessions, the refund schedule any non-refundable fees or de	to www.Towosolutions shapp \$Towosolutions efund prior to the start o and if requested before s shall be 75%, 50%, and	e for Security G urity Guards - \$6 s.com f instruction. If co	uards - \$99.00
4 - Student Statement:			
By my signature, I, also verify that I have read and	I received a copy of the	, agree to agreement and t	the conditions of this agreement. In the school catalog.
Student Name (print)	Student Si	gnature	Date
*FOR SCHOOL USE ONLY*			
School Agent/Employee who	enrolled student:		
Drinted Name	Cianatura		Dete