



**ADULT TUTORING / GROUP
REGISTRATION CONTRACT
2011 - 2012**

Name _____ M/F _____

Home Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Referred By _____

Session Schedule

(To be determined by French For Fun)

Days: M - T - W - TH - F - SAT - SUN Time _____ Instructor _____

We appreciate your business and feel confident you will make progress in French.

Billing is done ten sessions at a time and is due on the first session by check (no credit cards).

Group Classes: No-make up, no refund for classes missed. Please call (925) 283-9822 or email at **office@frenchforfun.com** if you know you are going to miss a class. Merci !

Signature _____ Date _____