

# REGISTRATION FORM

La Scuola Italiana  
2317 Fourth Avenue  
Seattle, WA 98121  
Tel./Fax 206.860.0354

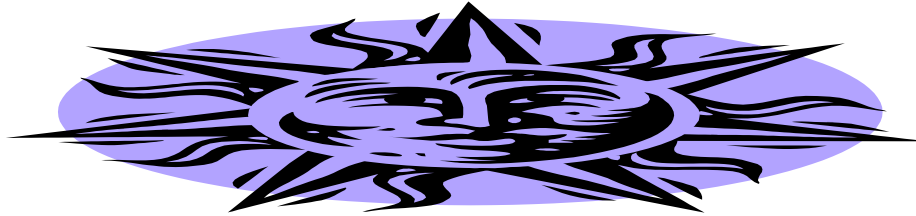
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_



I/We would like to register for:

	Class Name	Class Dates	Class Time	Class cost
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**TOTAL:** \_\_\_\_\_

**PLEASE FIND A CHECK ENCLOSED FOR \$** \_\_\_\_\_.

(Optional) The reason I would like to learn Italian is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.