

ACJVS Course Registration Form

Complete and Mail to: ACJVS, 1565 State Route 167, Jefferson, Ohio 44047

You will be contacted if class is cancelled

Name_____

Address_____

City_____ State _____ Zip _____

Phone Number_____

Social Security Number_____

Course Name_____ Course # _____ Cost _____

Course Name_____ Course # _____ Cost _____

Course Name_____ Course # _____ Cost _____

Total Amount Enclosed_____

We accept checks, money orders, MasterCard or Visa through the mail.

MasterCard/Visa # _____ Expiration Date / / _____

Signature_____