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707 Cannabis College - Application For Enrollment

Main Office: 707-672-9860 Mailing Address: P.O. Box 1030, Garberville, CA 95542

Last Name _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____

Email: _____ Phone Number(s): _____

How did you hear about us? _____

Please indicate the class (or classes) that you wish to enroll in below:

Class Name: _____ Class Dates: _____

Class Name: _____ Class Dates: _____

Class Name: _____ Class Dates: _____

Type of Payment: **Cash** **Check** **Money Order** **Traveler's Check** **Visa** **Master Card** **Discover**
(Please Check One)

Credit Card #: _____ Exp. Date: _____ CVV#: _____

Name of Cardholder (as it appears on card): _____

Card Billing Address: _____
(Street) (City) (State) (Zip Code)

Country: _____

Signature of Cardholder: _____ Cardholder Contact Phone # _____

MAIL COMPLETED APPLICATION TO: 707 Cannabis College, P.O. Box 1030, Garberville, CA 95542
MAKE CHECKS PAYABLE TO: 707 Cannabis College

Please read the following information carefully:

Cancellation Policy: If you must cancel this reservation we require a minimum of 7 days notice for a refund. Cancellations will be subject to a \$50 service fee. Fees for unattended classes/events without proper cancellation notification will not be refunded.

Credit Card Users: All credit card applicants will have their tuition fees processed through our secure online **Authorize.net** business account. If you do not wish to have your credit card processed in this way please remit a non-credit card form of payment.

Checks: Checks must be received at least 10 business days before the start of classes for which the payment is being made.

Confirmation: Upon receiving and processing this application 707 Cannabis College will contact the applicant to **confirm enrollment**. Until such contact is made we cannot confirm enrollment. As class sizes are limited we cannot guarantee that the class or classes for which you are registering will be available at the time we receive this application. Should this occur we will be happy to reschedule your class or provide a full refund so long as it is within the 7 day cancellation period as stated above.

Signature of Applicant: _____ Date: _____

By signing this form the applicant hereby agrees to the terms and limitations as stated in the paragraphs above.