



CLASS REGISTRATION FORM

CULTIVATED STRENGTH

First Name:

Last Name:

Address:

Email:

Phone:

How many classes are you registering for:

Name and dates of the class(es):

Number of people per class:

Comments:

Check amount: \$

CHECK MUST BE RECEIVED FIVE BUSINESS DAYS PRIOR TO THE CLASSES.

I have read and understand the cancellation policy from
www.CultivatedStrength.com website.

Date:

Signature:

Fill-out and sign this form and mail it with a check.

PLEASE NOTE:

CHECK MUST BE PAYABLE TO: Cultivated Strength, LLC.
CHECK MUST BE RECEIVED FIVE BUSINESS DAYS PRIOR TO THE CLASSES.

Please mail your check to: **Cultivated Strength, LLC.**
P.O. Box 15,
Albertson, NY 11507-0015

We will inform you by email to confirm your registration.

www.CultivatedStrength.com