

CASTILLO TRAINING

4 DAY LICENSE PREP CLASS

CLASS DATE: _____ **TIME** _____
LOCATION: _____

Your Name _____

Address _____

City, State, Zip _____

Phone/Fax _____

Email* _____

*Your email address or other personal information will not be distributed to any outside organizations

License Classification **A** _____ **B** _____

Endorsement **E** _____ **R** _____ **C** _____

State approved yet? Yes _____ Not Yet _____

Indemnity

You agree to indemnify and hold Castillo Training and its instructors, harmless from any demands, loss, liability, claims or expenses (including attorneys' fees), made against Castillo Training by any third party due to or arising out of or in connection with your continuing education or other classes herein..
I have read the above statements.

Signature _____

Today's Date _____

PAYMENT INFORMATION

Cost of the course \$400.00

(Check One) Check # _____ Cash _____ Money order _____

VISA, MASTERCARD, DISCOVERY, AMERICAN EXPRESS accepted. \$6.00 admin fee

Card # _____ Exp. _____ Cvv code _____

Appr. Code _____

Date Rec'd _____ Init. _____

Make checks payable to **Castillo Training, 1511 W. Lawndale, San Antonio, TX 78209**

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