

Registration Form

Breadhitz
97 Chestnut Street
Rehoboth, MA 02769

telephone 508-252-9733
breadhitz@gmail.com
www.breadhitz.com



Thank you for your interest in our workshops at Breadhitz. Please return this completed registration form along with your payment to reserve your space in the class. Once we receive your completed registration form and payment, we will contact you to confirm your space in the class. **Please note: Your payment and registration will not be processed unless we have space available in the workshop.**

PLEASE PRINT FULL NAME (register only one student per form)

NAME: _____ DAYTIME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ I prefer not to receive promotional emails

HOW DID YOU LEARN ABOUT US? _____

WORKSHOPS

	DATE & TIME	TUITION	FEES	SUBTOTAL
TITLE: _____	_____	\$ _____	+ _____	= \$ _____
TITLE: _____	_____	\$ _____	+ _____	= \$ _____
TITLE: _____	_____	\$ _____	+ _____	= \$ _____
				TOTAL DUE: \$ _____

REGISTRATION/CANCELTION POLICY & AGREEMENT

All classes are non-refundable. In the event that you cannot attend last minute due to unexpected circumstances, we encourage you to send someone in your place. If you are registered for a class and need to cancel, a written notice of cancellation must be received by us at least 5 days prior to the date of the scheduled class to receive credit towards a future class. In the event that a class is canceled due to insufficient enrollment, students will be notified by phone at least 10 business days before the scheduled start of a cancelled class. In this case, students will receive a full refund of their payment or may apply unused funds towards a future class. ***If you reside outside our local area, we recommend contacting us to confirm enrollment before booking a trip.***

By registering, I agree to abide by the policies referenced here and in the Breadhitz catalog and website. In addition, I hereby give my consent for Breadhitz to use my photograph and likeness in any of its publications, including its website, without payment or any other consideration. (If consent is **not** granted, please check here)

Signature: _____ Date: _____

PAYMENT

Payment in full is required to register. Please indicate form of payment (no cash payments accepted.)

Check or Money Order enclosed made payable to **Breadhitz**

Please bill my credit card

VISA MASTERCARD AMEX DISCOVER

CREDIT CARD #: _____ SECURITY CODE: _____ EXP. DATE: ____/____/____

NAME ON CARD: _____ Signature: _____

FAX this form to 508-252-9733, **EMAIL** to breadhitz@gmail.com,
or **MAIL** to Breadhitz, 97 Chestnut St., Rehoboth, MA 02769