

Collina
ITALIAN LANGUAGE



Italiana
AND CULTURAL CENTER

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Registration Form - Adult Classes

Today's date (m/d/y) _____

Last name _____

First name _____

Address _____ Apt # _____

City _____ State _____ Zip code _____

Home phone _____ Mobile phone _____

Email address _____

Course _____

Day of the week _____ Time _____

Payment: (no cash please) - mail this form with payment to the address above
or FAX to 212.427.7770

Amount of payment \$ _____

Check MasterCard American Express

Card # _____ exp date _____

Name on card _____

Billing address (if different) _____

Signature _____