

Castalia Language Center

Registration Form

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Class: _____

Day/Time: _____

Start/End Dates: _____

Are you a public school teacher or counselor? Yes ___ No ___

Do you work in health care? Yes ___ No ___

How did you hear about Castalia? For instance, Google search, referral (if so, by whom):

Discount applied: _____

Promo code: _____

Payment Enclosed \$: _____