

CIFT Application Form

Please enroll me in the upcoming CIFT program at:

location _____ on (date) _____

Student: _____

My address: _____

My phone: _____ Cell: _____

My email address: _____

I am enclosing my check for \$300 made payable to "CIFT"

We understand that to get the full benefit of the sessions a student must attend both sessions. No refunds will be given for missed sessions.

Signatures:

Student: _____

Parent: _____

Session size is limited. Students will be enrolled on a first-come-first-served basis.

Please return this completed and signed form with the check for \$300 to:

Gail Brittingham
CIFT Registrar
201 ½ Philadelphia Pike #321
Wilmington, DE 19809