

# Eagle Security Solutions, Inc.

## Class Registration

Class Name: \_\_\_\_\_

Class Dates: \_\_\_\_\_

Class Location: \_\_\_\_\_

Eagle Security Solutions, Inc.

801 Butler Street Suite 60

Chesapeake, VA 23323

Phone: 757.673.4704

Fax: 757.257.4388

## Student Information

Full Name

99# or SSN

Address

City/State/Zip

Date of Birth

Email

Phone

Company

Company


## Registration Fees

Class Fee	
Deposit/Payment	
Subtotal	
Total Due	

Staff Initials \_\_\_\_\_

## Payment

- Check payable to: Eagle Security Solutions, Inc.
- Cash
- Debit/Credit Card

How did you hear about us?

\_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Health Concerns/Special Needs

\_\_\_\_\_

Security Code \_\_\_\_\_

By my signature below I authorize Eagle Security Solutions, Inc. and any of his agents or employees to verify the information contained on this form. This form serves as a legal release for holders or custodians of any and all records pertaining to me to provide access to and copies of any records possessed by them. Falsification of any information in this document is grounds for expulsion from this course of instruction without a refund. I also understand that all payments for any class taken must be paid in full by the first day of class. All tuition and class fees are non-refundable.

Signature \_\_\_\_\_

Date \_\_\_\_\_