

Payment **MUST** accompany enrollment.

**NTC EVENING SCHOOL ENROLLMENT FORM
2017 - 2018**

PLEASE PRINT

Name: _____ Date: __/__/__ Home Phone: (____) _____ Work Phone: (____) _____

Address: _____
Street City Zip

Class: _____

Quarter: 1 _____ 2 _____ 3 _____ 4 _____

Meets: Mon Tue Wed Thu

Date Class Begins: ____/____/____ Room: _____

Method of Payment: ____ VISA ____ MASTER CARD ____ CHECK/MONEY ORDER ____ CASH

Number exactly as it appears on Credit Card:

____ - ____ - ____ - ____ Expiration Date: ____/____

Amount of Check: \$ _____

Check Number: _____

Signature: _____

Name as it appears on credit card _____
(Please Print) ____ Company Card ____ Personal Card

FAX TO: 757 - 892 3305
MAIL TO: N.T.C.
1330 N. Military Highway
Norfolk, VA 23502

For Office Use Only
Credit Card Approval # _____
Receipt No. _____