

HORIZON LEARNING SOLUTIONS LLC

Student Registration Form

Today's Date: _____

Class Type	Class Name	Class Days	Price (\$\$)	Start Date	End Date	Start Time	End Time	Total Cost (\$\$)
e.g. ACT	ACT- Minicamp	1	99	4/1/10	4/1/10	8:30am	4:30pm	99
ACT								
SAT								
PSAT								
GMAT								
							TOTAL	

STUDENT INFORMATION

Last Name: _____

First Name: _____

Address: _____

City: _____ Zip: _____

Phone Num: Day _____ Cell: _____

Email: _____

PAYMENT METHOD (Check / Money Order, payable to Horizon Learning Solutions LLC)

Check / Money Order Amount \$ _____

MAIL Completed form with full payment to:

**HORIZON LEARNING SOLUTIONS LLC
48050 Four Seasons Blvd.
Northville, MI 48168**

Phone: (248) 974-1898
email: horizonlearn@gmail.com
web: www.horizonlearn.com

Attn: Registration

Class Location: EMU Livonia

Note: (1) \$50 non refundable registration fee if you drop out 5 days (or less) before 1st day of class. Must send email or call to confirm. (2) Sorry, no refunds after 1st class begins.