



THE INSTITUTE OF FASHION

391 Aragon Avenue
Coral Gables, Florida 33134
(305) 648-1020
2018 REGISTRATION FORM

STUDENT NAME: _____ **CELL:** _____
EMAIL: _____ (IF APPLICABLE)

AGE: _____ **DATE OF BIRTH:** _____

HOME ADDRESS: _____ **CITY:** _____ **ZIP:** _____

MOTHERS NAME: _____ **CELL:** _____
EMAIL: _____

FATHERS NAME: _____ **CELL:** _____
EMAIL: _____

EMERGENCY CONTACT PERSON: _____
RELATIONSHIP: _____ **CELL:** _____

REFERRED BY: _____

PLEASE CHECK THE CLASS YOU ARE REGISTERING FOR:

WINTER SPRING WORKSHOP 2018	
SUMMER WORKSHOP 2018	
ANNUAL PROGRAM 2018- 2019	
PORTFOLIO WORKSHOP 2018	

Credit Card Payment Form

Name on card:			
Credit Card Type:			
Card Number:			
Exp. Date:			
Security Code:			
Billing Address:			
City:			
State:		Zip:	
Payment Amount \$75			
***A 4% service charge which will be added to each transaction when paying with credit card. _____ (initial)			
Signature: _____			Date: _____
*Authorizing I.O.F. to charge my credit card			

Please fill out and email to TheInstituteofFashion@gmail.com or mail back to The Institute of Fashion to complete registration. Please note registration is not complete till we receive your registration form and payment. You may also pay your registration fee via Paypal.