Please fill out the application completely.

_____ _____ _____
First Name M.I. Last Name

_____ _____ _____ _____
Address (street) City State Zip

(_____)_____ _____
Phone E-mail

_____ _____
Birth Date Parent Name

Choose Class

- ◯ Auburn - 49 Hampshire St.
- ◯ Turner - Leavitt High School

Visit www.a-ldre.com for complete contact information, instructions, cancellation policy, course and payment information.

Date Requested

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