



## REGISTRATION FORM

Fill out and print this registration form. Please indicate which session you are registering for:

FALL \_\_\_\_\_ or SPRING \_\_\_\_\_

Add your check for \$90.00 payable to ***Academia Hernando, Inc.*** and mail to:

**Ramona Des Lauriers**  
**15417 Sonora Dr.**  
**Brooksville, FL 34613**

*Important: The Registration Form must be included with your check. Your canceled check is your receipt.*

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Email</b>          |  |
| <b>Phone</b>          |  |
| <b>Street Address</b> |  |
| <b>City/State</b>     |  |
| <b>Zip Code</b>       |  |