

# IGS ENROLLMENT

Mail - Fax

## STEP 1:

Complete ENROLLMENT FORM below:

E-Mail Address: \_\_\_\_\_

Age Level Assignment:

pre-school  primary  intermediate  middle  high school

Course Title # 1: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Course Title # 2: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Course Title # 3: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

School: \_\_\_\_\_ Professional Assignment: \_\_\_\_\_

## STEP 2:

**Fax** or **Mail** completed enrollment form to:

ATTN: SHERRY MILLS  
CTCM  
P.O. BOX 25806  
COLORADO SPRINGS, CO 80936

PLEASE DO **NOT** SEND COURSE DEPOSIT