

COURSE REGISTRATION

Mail to: BADSEED, 1909 McGee Street, Kansas City, MO 64108

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell: _____

E-mail address: _____

| Course Title | Course Fee |
|---------------------|-------------------|
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| 5) | |
| 6) | |

| | |
|--------------|--|
| TOTAL | |
|--------------|--|

Make All Checks Payable to Brooke Salvaggio of BADSEED

All course registrations will be processed on a first-come, first serve basis. Courses must be paid in full to register. If a course for which you have registered has filled prior to the receipt of your payment, we will refund the portion of your payment pertaining to that course.

Thanks for signing up!!