SIGN UP NOW

REGISTRATION FORM

To schedule one or more technicians, simply **photocopy this page** (one copy per registrant), complete one registration form for each student, and **fax to**: (248) 588-6978 Attention: Mr. Chris Ekin.

Please be sure to print your name neatly and exactly as you want it to appear on you Service Training Certificate.

Mail payment to: Chris Ekin, Workhorse Custom Chassis, 850 Stephenson Hwy, Suite 510, Troy, MI 48083.

Student Name: _____

Training Mentor Name: _____

Dealer Name: _____

Dealer Address: _____

_____

Dealer Phone Number: (____) _____

Fax Number: _____

Dealer Code: _____

Contact Name: _____

Contact Email Address: _____

*Student ID Number is derived using the following formula:

_____ - _____ - _____

Birth Month Birth Day Last 4 Digits of SSN/SIN

Example:

Student Birthday: 06-15-XXXX

Course Name: _____

Course Location: _____

Course Start Date: _____

Student Shirt Size (required): S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

XLT ___ XXLT ___ XXXLT ___

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