

Student Enrollment Form

Name:		Course Location:	
Address:	<u>Apt. #</u>	City, State, Zip:	
Phone:		Email:	
DOB:		Referred By:	
Business Name, Address, and Phone number:		Business Social Media info (Insta, Facebook, etc):	
Course Tuition:	Retainer: (Due now)		Balance:
Payment Method: Cash PayPal Credit Card	Paid In Full:		Notes:
Please initial on each section stating	that you agree.		
Retainer fees and class tuition are NC another class given by Elleebana Lasl. All tuition fees must be paid in full 14	h Lift within 6 mor	nths (Ir	nitials)
Kits are included in the tuition fee an given to No Shows (Initia		vided to student wh	en attending class. Kits will not be
Elleebana Lash Lift products and servallowing an uncertified technician to certification from Elleebana™.	use your kit conte	=	
Only Master Trainers designated by E Technicians may not train others. Far purchasing privileges (Init	ilure to comply wil		
The completion of this course does not procedures taught. Performing the set that the provider be properly licensed your responsibility to be aware of all a services (Initials)	rvices or procedur in the State of wh	res taught in this conich the services or	urse for compensation requires procedures are performed. It is
I(Print Name)		agree to the terms lie	sted above.

Signature:	Date:
Elleebana Master Trainer:	