

BAIL BOND SCHOOL OF CT ADVANCE REGISTRATION

Call for scheduled dates and times 203-366-4817

Mail to 1125 North Ave, Bridgeport, CT 06604

Register me for the following course:

 Bail Bond 25- Hour Connecticut Surety Bondsman Pre- License Course

Class Dates: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

SS#: _____ Birth Date: _____ HomePhone: _____

Work Phone: _____ Fax: _____ Cell: _____

Sponsor Name (if applicable) _____ Phone: _____

Will you need a hotel room? Yes No

I am paying a Non-Refundable Tuition Fee of \$595.00 by

 Cash My check# _____ for \$ _____ is attached.

I hereby authorize Bail Bond School of CT to charge \$595.00 plus \$75.00 processing fee to my
 Visa MasterCard AmExp.

Card Number _____ Exp. Date _____ CVV # _____

Card Holder Name _____ Address _____

Authorized Signature: _____

By signing below I acknowledge that I understand the requirements for the pre-License course and agree that once a seat is reserved and registration is accepted refunds are not allowed.

X _____ Date: _____