

The Bartending School of Ontario

2159 Danforth Ave., Toronto, Ontario Canada M4C 2K1 Ph: 416-466-7847 Fx: 416-466-4758 info@bartendingontario.ca

Enrolment Application and Contract

Name: _____

Phone: _____ Work Phone: _____

Address: _____ City: _____

Postal Code: _____ Date of Birth (DD/MM/YY): _____ Present Age: _____

Email: _____

The Bartending School Of Ontario is prohibited by law from guaranteeing a position to any student or prospective student.

Bartending/Mixology Program

(____\$237.50 no tax) (regular \$400.00) Price includes bartending manual, materials, and workshops

Please check only one Day OR Evening Session time slot:

Day Sessions 10am-4pm one day a week for four weeks.

Monday____Tuesday____ Saturday____ Sunday____

Evening Sessions twice a week for 4 weeks.

Mon/Wed 6-9:30pm____ Tues/Thurs 6-9:30pm____

Progressive Day Sessions twice a week for 2 weeks.

Mon/Wed 10am-4pm____ Tues/Thurs 10am-4pm____ Sat/Sun 10am-4pm____

Progressive Evening Sessions four times a week for 2 weeks.

Mon/Tue/Wed/Thur 6-9:30pm____

Smart Serve Certification (____\$65.00) Wine Council Of Ontario Certification (____\$40.00 no tax)
(regular \$50.00)

The applicant agrees to pay a registration fee of \$100.00 with this application; such fee to be applied against the cost of the course of instruction (total program cost is \$257.00), it being understood that the registration fee shall not be refundable. It is understood that fees are payable in advance in accordance with the plan for payment indicated above; (no payment plan) and all such payments shall become due forthwith upon a statement of accounting being rendered.

I certify that I have read and understood this application. The undersigned applicant/parent/guardian hereby undertakes and agrees to pay, or see to payment of, the fees mentioned above in accordance with the terms of the Contract. Minimum of 14 days notices is required to transfer class times.

In case of an emergency please contact: Name: _____ Phone: _____

Commencement date of course: _____ Dated This Day Of: _____

Applicants Signature: _____ School Rep. Signature: _____

Applicant Referred By: (How did you hear about the school): _____

Credit Card Information

Card Number: _____ Expiry Date: _____

Card Holder:(print) _____ Cardholder Signature: _____