



110 N Gear Ave  
West Burlington, Iowa 52655

## APPLICATION and ENROLLMENT AGREEMENT

### APPLICANT INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ (Circle One) Home - Cell  
Name of Last School Attended \_\_\_\_\_  
Grade Completed \_\_\_\_\_  
List any taxidermy study that you may have had completed at home or on your own or another school  
\_\_\_\_\_  
\_\_\_\_\_

If under the age of 21 complete the following

Legal Guardian Name \_\_\_\_\_  
Legal Guardian Address \_\_\_\_\_  
Legal Guardian Phone ( ) \_\_\_\_\_

### EMERGENCY MEDICAL CONTACT AND INFORMATION

Emergency Contact Person (Name & Phone) \_\_\_\_\_  
\_\_\_\_\_  
Doctor Contact Information (Name & Phone) \_\_\_\_\_  
\_\_\_\_\_  
Date of Last Tetanus Shot (Must be updated if required) \_\_\_\_\_  
List any special medical condition(s) or allergies we should know about  
\_\_\_\_\_  
\_\_\_\_\_

Course(s) you want to attend:  Birds Mini Course  Mammals Mini Course  
 Fish Mini Course  Gamehead Mini Course  
 8-Week Course  10-Week Course  
 12-Week Course  Advanced

Date(s) you want to attend: \_\_\_\_\_

### CONTRACT AGREEMENT

I have received and read the school student information and pricing brochure and fully understand all the terms and conditions set fourth therein. All the information in this application is true to the best of my knowledge and is submitted to Kindred Spirits School of Taxidermy for the purpose of enrollment in one of the taxidermy courses. I have enclosed with this application a check or money order in the amount of \$500.00 deposit which will be applied towards my tuition. The balance of my tuititon will be paid on or before the start date of my taxidermy Course.

Signature of Applicant and/or Guardian \_\_\_\_\_  
Dated \_\_\_\_\_