



FRIENDS & FAMILY YYC REWARDS PROGRAM FORM

ENROLLING STUDENTS NAME: _____ DATE: _____
(LAST, FIRST MIDDLE)

ENROLLING STUDENTS ADDRESS: _____
(STREET, CITY, STATE ZIP)

PLEASE GIVE REWARDS CREDIT TO: _____ OF: _____
(LAST, FIRST MIDDLE) CITY, STATE ZIP

FOR ENROLLING THE ABOVE MENTIONED AS A STUDENT OF ED ANYWHERE. _____
SIGNATURE OF NEW STUDENT

SIGNATURE OF CONTACT

THIS FORM WILL NEED TO BE FILLED OUT IN ITS ENTIRETY & SIGNED BY BOTH PARTIES. THE ORIGINAL NEEDS TO BE TURNED IN TO ED ANYWHERE PRIOR TO ENROLLMENT IN ORDER FOR CREDITS TO BE AWARDED. NO FAMILY DISCOUNTS OR OTHER DISCOUNTS WILL APPLY.



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