

Registration Form

Date & Location Requested:

Canton – Class beginning the 2nd Friday of month of _____.

Cleveland – Class beginning the 4th Friday of month of _____.

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

Register by Mail –

Mail your check payable to Chopper-U along with Registration Form to:
Chopper University
P O Box 6270
Canton OH 44706

Register by Phone –

Call 330.456.4571 and have registration and credit card information ready.

Register by Fax –

Fax Registration Form to Chopper-U at 330.456.2648 with credit card info.
Card Number _____
Expiration Date _____
3 digit security number _____ (see back of card)
Visa ___ or Mastercard ___

Signature