

2011 – 12 REGISTRATION FORM

MAIL OR DELIVER (NO phone reservations please) APPLICATION TO:

CONNECTICUT CARPENTERS APPRENTICE & TRAINING FUND

500 MAIN ST.
YALESVILLE, CT 06492

FAX: 203-265-5279

CARPENTERS SKILL ADVANCEMENT PROGRAM

ENROLLMENT APPLICATION - (PLEASE PRINT)

NAME: _____ L.U. # _____

ADDRESS: _____

CITY/ST/ZIP _____

PHONE: _____

U.B.C. ID# (required) - _____

PLEASE INCLUDE \$25 REGISTRATION FEE FOR EACH CLASS:

(Make checks payable to: C.C.A.T.F.)

Fee refunded upon successful completion of each class. Thank you for your cooperation.

Please indicate the class or classes that you will participate in:

CLASS _____ START DATE: _____

CLASS _____ START DATE: _____

CLASS _____ START DATE: _____

PHONE: 203-284-1362 OR TOLL-FREE: 1-877-999-5088