

Wisconsin School of Chainsaw Carving

13250W State Rd. 77

Hayward Wi. 54843

(715) 634-6006

Application For Enrollment

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Emergency contact name _____ Phone(____) _____

Date of Course - Day _____ Month _____ Year _____

1. List previous carving experience. _____

2. List current employer. _____

3. Do you have any physical impairments of any kind which would interfere with your ability to operate the necessary tools? If so, explain: _____

4. Do you have any mental impairments of any kind which would interfere with your ability to operate the necessary tools? If so, explain: _____

5. Please list 2 personal references:

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Applicant states all statements made herein are true and correct.

Signature _____ Date _____

\$500.00 Deposit Due with Application to secure Enrollment.

Balance of tuition due the first day of school.

Wisconsin School of Chainsaw Carving in accordance with State Law EAB 6.02 provides equal opportunity for all persons regardless of age, race, creed, disability, sex, religion, sexual preference or political affiliation.