



# Bill Allen's Pocono Institute of Taxidermy® ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

I would like to enroll in BILL ALLEN'S POCONO INSTITUTE OF TAXIDERMY in the Class of:

January

April

August

\_\_\_\_\_ Full Course  12 weeks - \$9800

\_\_\_\_\_ Partial Course (The Institute will notify you of the exact start date.)

If Partial Course, Circle ONE of the following:

FISH

BIRDS

FUR

I am interested in Housing: Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about the Pocono Institute of Taxidermy? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so explain on reverse side.

Do you have any physical impairments of any kind? \_\_\_\_\_

Do you take any prescription medication? \_\_\_\_\_ If so, list on reverse side.

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (       ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

HIGH SCHOOL DIPLOMA \_\_\_\_\_ G.E.D. \_\_\_\_\_  
(A Photocopy is Necessary)

SOCIAL SECURITY NO. \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (       ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I WOULD LIKE A FREE TOUR \_\_\_\_\_ YES \_\_\_\_\_ NO

Mail To: **BILL ALLEN'S POCONO INSTITUTE OF TAXIDERMY**  
1100 Foster Ave  
White Haven, PA 18661