



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 9 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