



400 Capitol Mall, Eleventh Floor
Sacramento, CA 95814-4407

Mail-in Registration form

Please complete a separate registration form for each student. Complete this form and send along with your check or money order to the address above. Thank you.

Registration Information:

Student's Name: _____

Course Type: _____ Class Code (can be found on our webpage): _____

Course Location (City, State): _____ Course Start Date: _____

Billing Information:

Billing Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Secondary Phone #: _____

E-mail Address (please print clearly): _____

Please make check payable to "Sherwood Test Prep"

Special Notes:

Thank you for choosing Sherwood Test Prep. We will process your order within 48 hours of receipt and send you a confirmation e-mail to your e-mail address above. You will receive a second e-mail the Thursday before your first class. This reminder e-mail will provide you with the exact location, dates, and times of your course. You will receive your course materials on the first day of class.

Important Note: Please check your "Junk Mail" Folder as sometimes our e-mails are inadvertently directed there.

(866) TEST-PREP
(916) 442-2297 FAX
info@sherwoodtest.com
www.sherwoodtest.com