

LEON'S

CONTINUING EDUCATION

APPLICATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____

Zip Code: _____ NC Cosmetology License No.: _____

Phone: _____ Cell Phone: _____

Email: _____

Signature: _____

Please send check or money order along with this application.
Make checks and money orders payable to class instructor.

Class Name: _____

Class Date: _____

Class Price: \$ _____ Nonrefundable Deposit: \$ _____

Mail this form and deposit to:

Donnie Kelly
Leon's Beauty School
1305 Coliseum Blvd.
Greensboro, NC 27403
336-274-4601
Continuinged@leonsbeautyschool.com