



**WOMEN'S SELF-DEFENSE,  
EMPOWERMENT AND PERSONAL SAFETY**

**1-800-590-4687**

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## **MODEL MUGGING CLASS APPLICATION FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
If minor, parents or guardian's name

**Course Dates, Location, and Payment Option**

\_\_\_\_ I wish to take the (circle one) Basic / Weapons / Multiple Assailant's Course beginning \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_ I have enclosed full tuition of \_\_\_\_\_ as payment in full.

I have enclosed \$50.00 as a non-refundable payment to ensure that as opening in the Basic Course will be saved for me

**PLEASE MAKE CHECKS PAYABLE TO "Model Mugging"**

**Mail payments to:**

Model Mugging Self-Defense  
1502 Foothill Blvd, #103-202  
La Verne, CA 91750

**If I transfer to a future course, I will be charged a \$25.00 transfer fee if I notify Model Mugging less than 30 days prior to the 1<sup>st</sup> class date.**

**I understand that in order to receive a full refund, I must notify Model Mugging 30 days prior to the 1<sup>st</sup> class date. I also understand that if I begin the course and then decide not to continue, no amount of my tuition will be refunded.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Guardian's signature if necessary)