



Registration Form

Name: _____ Pass #: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Alt Phone: _____

Email: _____ (Required)

Title: _____ Work Schedule/Tour: _____ RDO's: _____

Have you taken any other courses with TUF? Yes No

If yes, please list the courses you have taken: _____

If no, please tell us how you heard about our courses? Mailing Email Blast Fax Blast

Union Rep Co-Worker Phone Call Other: _____

TUF will use your contact information to communicate with you concerning upcoming courses, class cancellation, course reminders, and registration confirmations via text messages and emails. TUF will not share your information with any third parties.

Please use this form to submit your course selections. You may also use this form to submit any request for new classes that you may want to take. TUF will consider all request for new courses. If you have any questions, please feel free to reach out to us at 718-780-8700 from Monday through Friday between the hours of 9:00am to 5:00pm.

	Course	Borough/City	Day(s)	Start Time
1.				
2.				
3.				
4.				
5.				
6.				

Please fax form to: 718-222-1580
Email: training@twulocal100tuf.org
Mail/Walk-in: 195 Montague Street, 4th Floor, Brooklyn, NY 11201