

Trails End School of Taxidermy Application for Enrollment

Name: _____, _____
(Last) (First)

Address: _____, _____, _____
(Street) (City) (State)

Phone: () _____ E-Mail: _____

Emergency Contact: _____, () _____
(Name) (Phone)

Current Experience, if any (ex: fleshing, skinning, airbrush, etc.): _____

Course Preference: _____, _____, _____
(Entire/Specimen Specific, type) (January/May) (Year)

Specimens You Want to Provide (if any): _____

Housing Needs: Yes/No (if needed information will be provided)

Please enclose a check or money order in the amount of \$1000 with your application. This will guarantee your spot in the class. The balance due would be \$4,950 before the beginning of class. This is usually paid the first day. If you use the state funding no deposit is required.

Please send completed application along with your deposit to:

Trails End School of Taxidermy
PO Box 127
Rice, MN 56367