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**APPRENTICESHIP 2<sup>ND</sup> SEMESTER REGISTRATION APPLICATION**  
**SCHOOL YEAR 2009 – 2010**

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**APPRENTICE FULL NAME:** \_\_\_\_\_

**APPRENTICE HOME ADDRESS:**  
\_\_\_\_\_

**APPRENTICE SOCIAL SECURITY #:** \_\_\_\_\_

**APPRENTICE DATE OF BIRTH:** \_\_\_\_\_

**APPRENTICE PHONE NUMBER:** \_\_\_\_\_

**APPRENTICE EMAIL ADDRESS:** \_\_\_\_\_

**APPRENTICE EMPLOYER:** \_\_\_\_\_

**PARTY RESPONSIBLE FOR PAYMENT:** Self Paid – Employer Sponsored (Circle One)

**APPRENTICESHIP COURSE AND LEVEL:** \_\_\_\_\_

**ABC LOCATION:** Louisville – Lexington – Bowling Green – Owensboro (Circle One)

**CURRENT INSTRUCTOR:** \_\_\_\_\_

**APPRENTICE SIGNATURE:** \_\_\_\_\_

Return completed forms to: KCEF, 1810 Taylor Avenue, Louisville, Kentucky 40213  
Completed forms may also be faxed to: 502-451-1700  
For questions or further information please contact:  
Stephanie Coleman – 502-400-2035 – [scoleman@kyanaabc.com](mailto:scoleman@kyanaabc.com)  
Roberta Tibbetts – 502-400-2029 – [rtibbetts@kyanaabc.com](mailto:rtibbetts@kyanaabc.com)