

Registration Information Sheet

Family Name: _____

Contact Info:

Name: _____ **Email:** _____
Phone: _____ **2nd Phone:** _____
Address: _____

2nd Contact Info:

Name: _____ **Email:** _____
Phone: _____ **2nd Phone:** _____
Address: _____

Student #1:

Name: _____ **Gender:** M/F
Address: _____
Birthdate: _____

Class(s):

Name of Class: _____
Time/Day: _____
Cost: _____

Student #2:

Name: _____ **Gender:** M/F
Birthdate: _____

Class(s):

Name of Class: _____
Time/Day: _____
Cost: _____

How did you hear about us?? _____

Total Amount Owed: _____ (incl. regist. Fees)

Total Amount Paid: _____