

Registration Form



Returning Student
 New Student
 Date Registered _____



Spring
 Fall
 Summer

Where Life is
but a Stage



Contact Information

Student Name: _____ Parent Name: _____
 Home Phone: _____ Parent Cell: _____
 Work Phone: _____ Email: _____
 Address _____ How did you hear about us? _____
 City _____ Zip _____ School _____
 Birthday: _____ Age: _____

T-Shirt Size (please circle)
 YOUTH XS S M L ADULT S M L XL

Medical Information/Emergency Contact

Meds, Allergies, Special Needs: _____
 Emergency Contact/Phone: _____

Class Name	Time	Day	Tuition
1			
2			
3			
4			
5			
6			
Private Lessons	Time	Day	Tuition
1			
2			
3			
4			
5			
6			

Payment

Check # _____ Amount: _____ MC Visa Amex Billing Address: _____ Zip Code: _____
 Card Number: _____ Exp. _____

<input type="checkbox"/> I acknowledge I have read and agree to all policies on the back of this form. Phone Sale: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____ Date: _____	<input type="checkbox"/> Registration fee:	\$50.00
	<input type="checkbox"/> Course material fee:	\$50.00
	Total:	

* PLEASE REFER TO REVERSE SIDE FOR PAYMENT POLICIES*