

STUDENT INFORMATION

Name:		
Address (Number & Street):		
Address (City, State, Zip):		
Email:	Phone:	Fax:
Emergency Contact Name:		Phone:
Name of Parent (if under 18):		
Name of Person (other than parent) authorized to pick up your child:		

CLASS INFORMATION

Class Name:	Day / Date:	Time:	Fee:\$
Class Name:	Day / Date:	Time:	Fee:\$
			Total Cost: \$

MEMBERSHIP INFORMATION

Current Member (Y/N)?		
Membership Dues:		
Individual	\$25	\$
Family	\$35	\$
Total Due: \$		

PAYMENT METHOD

Circle One	Check	Visa	MasterCard
V#			
Account #			Exp. Date:
Credit Card Signature:			

