

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: _____

School: _____

Class(s):

Name of Class: _____

Time/Day: _____

Cost: _____

Student #2:

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

Address: _____

Birthdate: _____

School: _____

Class(s):

Name of Class: _____

Time/Day: _____

Cost: _____

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

Total Amount Paid: _____