

2018 SUMMER REGISTRATION FORM

NAME _____

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH _____ AGE _____

EMAIL _____

PHONE NUMBER _____ CELL _____ HOME _____ (Check one)

Studio Location: Warren Studio _____ Shelby Studio _____

CLASS CODE #'s:

Am Exp _____ Discover _____ MasterCard _____ Visa _____	Total # of Classes _____
Name on card: _____	Tuition Amount \$ _____
Credit Card No: _____	3% Transaction fee - Credit Cards only \$ _____
Expiration date: _____ / _____	Coupon / Discount \$ _____
CCV (Security No): _____	Total Amount Paid \$ _____
Signature _____	Check # _____

** Please fill out the above registration form & return it to the studio with full summer tuition payment.