



REGISTRATION REQUEST FORM
Please include \$25 Registration Fee

Date: _____

Student Name: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Student Cell: _____

Guardian Email Address: _____

Student Email Address: _____

Classes to enroll in (please include name of class, day, and time):

As classes fill quickly, please include a second choice.

Registrations completed by mail are subject to availability and age restrictions. Please ensure the contact information is correct in order for revisions to be made in a timely manner.