

Registration Form

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (eve) _____

Class Name	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Enclosed \$ _____

Credit Card Payment: # _____ Exp. Date _____ CVV2 _____

Name of Cardholder (print) _____

Signature _____ Date _____

E-mail _____