

CLASS/ WORKSHOP REGISTRATION / PAYMENT FORM

Fill out ALL information at least once per season

CLASS: _____ CLASS #: _____
INSTRUCTOR: _____ GUILD MEMBER? Y / N
PARTICIPANT'S NAME: _____
ADDRESS: _____
PHONE (#1): _____ (#2): _____
EMAIL: _____
EMERGENCY CONTACT: _____
(IF UNDER 18) AGE: _____ **GUARDIAN'S NAME:** _____
(HAAG USE ONLY) LOGGED ON CPU (✓): _____

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