

NON-Member Classes / Workshop Registration / Payment Form

Fill out ALL information at least once per season

Class Code _____ Class Name _____
Instructor _____
Participant's Name _____ Member? Y____ N____
Address _____
Phone (#1) _____ Phone (#2) _____
E-Mail: _____ If under 10 AGE _____
Emergency Contact: _____
If under 10 - AGE _____ Guardian: _____
Amount Paid: \$ _____ Date: _____ Cash Check Credit Card

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