NON-Member Classes / Workshop Registration / Payment Form Fill out ALL information at least once per season

Class Code	Class Name	
Instructor		
		Member? Y N
Address		
Phone (#1)	Phone (#2)	
		If under 10 AGE
Emergency Contact:		
If under 10 - AGE	Guardian:	
Amount Paid: \$	Date:	Cash Check Credit Card
7 IIII 4 III 4 III 4 III 4 III 1		
NON-I	Member Classes / Worksho Fill out ALL information at	op Registration / Payment Form 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: Date:	
Amount Paid: \$	Date:	Cash Check Credit Card
InstructorParticipant's Name AddressPhone (#1) E-Mail: Emergency Contact: If under 10 - AGE	Phone (#2) Guardian:	Member? Y N If under 10 AGE
Amount Paid: \$	Date:	Cash Check Credit Card
Class Code	Fill out ALL information at	
Participant's Name		Member? Y N
Address		
Phone (#1)	Phone (#2)	
E-Mail:	, ,	16
		If under 10 AGE
Emergency Contact:		
Emergency Contact:		If under 10 AGE