



REGISTRATION FORM

Date/...../.....

Form #

First and Last Name:

Birthdate:

If a minor, name of a parent or legal guardian:
.....

Address:

Telephone number(s):

Email(s):

Emergency contact:.....

Telephone number(s):.....

If a minor, another contact in case of an emergency
"Name and Telephone number(s)":
.....

You or your child would like to register for the following workshop or class:

Applicant

I would like to sponsor a student by paying the following amount: