

Class _____ Instructor _____ Day _____ Cost: \$ _____ Check # _____

2nd Choice (if any) if 1st Class Choice Above is Full:

Class _____ Instructor _____ Day _____ Cost: \$ _____ Check # _____

Name of Student _____ Grade/Class _____ - _____

Name of Parent(s) _____ Home Phone # (____) _____ - _____

Emergency Phone # (or if class is cancelled) (____) _____ - _____ / _____

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