***SUMMER REGISTRATION FORM***

***AUGUST 1-4, AUGUST 8-11 & AUGUST 15-18***

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|---|---|---|---|
| LAST NAME: | | FIRST NAME: | |
| D.O.B. | | AGE: | |
| ADDRESS: | | | |
| CITY: | STATE: | ZIP: | HOME PHONE: |
| E-MAIL: | | | |
| PARENT: | | CELL PHONE: | |
| PARENT: | | CELL PHONE: | |
| EMERGENCY CONTACT: | | PHONE: | |

| CLASS | DAY | TIME | WEEK 1, 2 AND/OR 3 |
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LAST DAY OF REGISTRATION IS JULY 7TH, 2011

TUITION IS $15 PER CLASS - PAYMENT: $ DATE: