



# DECEMBER 15 - 16 2018

## REGISTRATION FORM

STUDENT NAME:

DATE OF BIRTH:

ADDRESS:

CITY:

ST:

ZIP:

PHONE NUMBER:

EMAIL ADDRESS:

\$220	\$100	\$30
<b>Full Intensive</b>	<b>ONE DAY</b>	<b>SINGLE CLASS</b>

### AVAILABLE PAYMENT OPTIONS

PAYPAL -- CASH -- CHECK

CHECK #:

DATE:

Cash Total

PayPal