



2011 Winter Workshop

In order to be considered registered; this registration form must be filled out completely and submitted with a \$100 deposit by **November 30**.

Student Information	
Student Name:	Birth Date:
Student Home Address:	Age:
	Gender:
Student Home Phone:	Height:
Student Cell Phone:	Student Email:
Parent/ Guardian Information	
Parent/ Guardian's Name	Parent/ Guardian's Home Phone (if different)
Parent/ Guardian's Address (if different)	Parent/Guardian's Cell Phone:
	Parent/Guardian's Work Phone:
Parent/Guardian's Work Address:	Parent/Guardian's Email:
Other Contact Information	
Caregiver's Name:	Caregiver's Phone:
Emergency Contact Name:	Relationship to Student:
Emergency Contact Home Phone:	Emergency Contact Cell Phone:
Registration Processed By: _____ Date Received: _____	
Deposit paid: \$ _____ cash check credit card	
Deposit:\$ _____	Balance:\$ _____
Payment:\$ _____	Balance:\$ _____
Monthly installments requested: _____ Payment Plan initiated: _____	
Monthly amount to be paid:\$ _____ Payment Months _____	