



Summer Classes 2009  
Registration Form

Students Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_

How Many Weeks Attending: \_\_\_\_\_

Class Enrolled: \_\_\_\_\_ Amount: \_\_\_\_\_

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