

Summer 2010



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Receipt Information:

Student's Name _____ Age _____ Birthdate _____

Home Phone (____) _____ Grade _____ School _____

Street Address _____ City _____ Zip _____

Father's Name _____ Work Phone(____) _____

Mother's Name _____ Work Phone(____) _____

Emergency Contact _____ Phone(____) _____

Cell or Pager Numbers _____ e-mail _____

Class Requests

Class/Day/Time/Dates _____ Fee _____

Class/Day/Time/Dates _____ Fee _____

Class/Day/Time/Dates _____ Fee _____

Class/Day/Time/Dates _____ Fee _____

If applicable – Discount: Less 5% for multiple classes _____

Total Due _____

Please confirm dates you will be attending: _____

Additional Comments:

859-219-0360