REGISTRATION FORM

Course Date(s)_____

Student Name_____

Birth date_____* M_____ F____ Grade _____Name student wants to be called: _____

**Student must be at least 11 years old.*

Parent/Guardian_____Phone (Home)_____

Parent/Guardian Cell _____ Phone (Work)_____

Address _____ City: _____ State: ___ Zip:_____

Parent/Guardian Email |___|___|___|