



**Registration 20**  
Register by Class Number  
Summer / Fall

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Summer Class(es): \_\_\_\_\_

Fall Class(es): \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44
45	46	47	48	49	50	51	52	53	54	55
56	57	58	59	60	61	62	63	64	65	66

Parent Signature: \_\_\_\_\_