



JUNE ZOOM REGISTRATION FORM

Family Last Name: _____

Street Address: _____ Town: _____

Cell Phone () _____ E-Mail _____

Student 1

Name: _____ Birth date: _____ Medical Comments: _____

RECITAL CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

ELECTIVE CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Student 2

Name: _____ Birth date: _____ Medical Comments: _____

RECITAL CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

ELECTIVE CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Student 3

Name: _____ Birth date: _____ Medical Comments: _____

RECITAL CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

ELECTIVE CLASSES

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

Day _____ Time _____ Style _____ Day _____ Time _____ Style _____

AMOUNT PAID: _____ Method: Check # _____ Cash _____ Date: _____