

Program Registration Form

1st Participant's Name: _____ Parent's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Office Phone: _____ Cell: _____

Email: _____

Student Birthdate: ____/____/____ Grade: _____ Is student a member? _____

<u>Class Code</u>	<u>Title</u>	<u>Date/Time</u>	<u>Fee</u>	<u>Subtotal</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2nd Participant's Name: _____ Birthdate: ____/____/____ Grade: _____ Member? _____

<u>Class Code</u>	<u>Title</u>	<u>Date/Time</u>	<u>Fee</u>	<u>Subtotal</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3rd Participant's Name: _____ Birthdate: ____/____/____ Grade: _____ Member? _____

<u>Class Code</u>	<u>Title</u>	<u>Date/Time</u>	<u>Fee</u>	<u>Subtotal</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP _____

WORKSHOP FEE _____

TOTAL FEE _____

Fee paid by:

cash check

credit card: AMX MC V # _____ exp. _____

For office use: Rec'd date _____ by _____ tally _____ entered by _____

Sales # _____ Explorer confirmation emailed