

# REGISTRATION FOR FCAL CLASSES AND WORKSHOPS

Name of Class/Workshop \_\_\_\_\_

Date(s) held \_\_\_\_\_ Instructor \_\_\_\_\_

Time(s) held \_\_\_\_\_ Cost \_\_\_\_\_

.....

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Date(s) held \_\_\_\_\_ Instructor \_\_\_\_\_

Time(s) held \_\_\_\_\_ Cost \_\_\_\_\_

.....

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Date(s) held \_\_\_\_\_ Instructor \_\_\_\_\_

Time(s) held \_\_\_\_\_ Cost \_\_\_\_\_

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***PLEASE PRINT ALL INFORMATION***

NAME \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

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I am paying for \_\_\_\_\_ # sessions \_\_\_\_\_ # classes \_\_\_\_\_ # workshops

Payment: \$ \_\_\_\_\_ cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

\$ \_\_\_\_\_ MC/VISA Card # \_\_\_\_\_

Signature \_\_\_\_\_

Other \_\_\_\_\_