



REGISTRATION FORM 2008

Full Name: _____

Home address: _____

Primary Phone: (_____) _____ Home ____ Work ____ Cell ____

*Secondary Phone: (_____) _____ Home ____ Work ____ Cell ____

*Fax: (_____) _____

E-mail _____

Please specify the class you would like to attend:

Day of the week: _____

Time: _____

Note: Classes may be cancelled if the minimum number of students requirement is not met