

NAME: _____

AGE: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

EMERGENCY CONTACT: _____



PLEASE CIRCLE THE SESSIONS YOU WILL ATTEND:

Session 1: June 17th - June 20th

Session 2: June 24th - June 27th

Session 3: July 1st - July 4th

Session 4: July 8th - July 11th

Session 5: July 15th - July 18th

Session 6: July 22nd - July 25th

Session 7: July 29th - August 1st

Session 8: August 5th - August 8th

Session 9: August 12th - August 15th

Session 10: August 19th - August 22nd

Session 11: August 26th - August 29th

Credit card:

Exp date:

Sec code:

Signature.:

Date:

Zip code:
