
**CREATIVE WORKSHOP
REGISTRATION FORM 2009-2010**

Cost: \$125.00/ 12 weeks

STUDENT INFORMATION

Last Name _____ First Name _____ Level

Address _____

City _____ Zip Code _____

Home Phone (____) _____ Sex _____ Date of Birth _____ Age _____

Academic School _____ City/District _____ Grade _____

Email _____

EMERGENCY CONTACT: _____ Phone: (____) _____

PARENT/GUARDIAN'S NAME _____
(Please print)

PARENT/GUARDIAN'S SIGNATURE

DATE