

REGISTRATION FORM PLEASE PRINT

TODAY'S DATE _____

STUDENT NAME _____

ADDRESS _____

CITY / ZIP _____

STUDENT CELL _____

STUDENT E-MAIL _____

DATE OF BIRTH _____

HOME PHONE _____

HOME E-MAIL _____

MOM/WIFE _____

CELL _____

DAD/HUSBAND _____

CELL _____

EMERGENCY PHONE _____

CLASS AND TIME _____

Make checks payable to: MY STUDIO, LLC

There is a **\$30.00** return check fee.
Classes are for people ages 10 and up.
My Studio, LLC will not be held liable
for items lost or stolen, or for injury sustained through
misuse of the studio or its contents.