



Class Registration Form

NAME _____

AGE _____ GRADE _____

ADDRESS _____

CITY, ZIP _____

PHONE () _____

EMAIL _____

CLASS	DAY/TIME	TUITION
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment method: _____ Visa/Mastercard _____ Check

You can fax this registration form to: (916) 941-7465 to hold your place in class. You can also register the day of class. Payment is due on the first day of class. Please arrive early to register!

Call (916) 941-SING (7464) if you have any questions.