



Last Name

Adult Registration
Nov. – Dec. 2021 Session:
October 18 – December 19
No class: Nov. 25 - 28

Adult's Name: _____ **Email Address*:** _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Date of Birth: _____ Gender (**M / F**)
(circle)
Please describe any health/behavioral issues, including allergies: _____

Please indicate your class preference (1st, 2nd, and 3rd choice) below:

- | | |
|------------------------------------|------------------------------------|
| Mon. _____ 6:15 - 7:00 PM | Fri. _____ 6:15 - 7:00 PM |
| Mon. _____ 7:00 - 7:45 PM | Sat. _____ 8:00 – 8:45 AM |
| Wed. _____ 5:15 - 6:00 PM | Sat. _____ 12:00 – 12:45 PM |
| Wed. _____ 7:00 - 7:45 PM | |
| Thurs. _____ 6:15 - 7:00 PM | |

Cost: Mon, Wed: (9 weeks): \$139.50
Thurs - Sat: (8 weeks): \$124.00

DROP IN - \$16.50 per class

Payment must be included at time of Registration**

- Charge existing card on file** (last 4 digits) _____
- Cash/Check**
- Use card below:**
 Credit Card Number: _____ Exp. Date: _____
 Cardholder's Signature: _____

*All class bookings will be emailed; please make sure your email address is legible.
**All credit expires one (1) year from time of purchase.