



Adult Registration Form

Adult Student Information:

Full Name:

Home Phone #:

Cell Phone #:

Email:

Address:

Employer Name: Employer

Phone #:

Disabilities:

Allergies:

Medications:

Primary Doctor Name:

Primary Doctor Phone #:

Health Insurance Carrier:

Classes:

Class #1:

Class #2:

Class #3:

Class #4:

Class #5:

Class #6:

Class #7:

Class #8:

Total Amount:

Multiple Class Discount: Yes ~~M~~ No (5% off total)

Amount After Discount:

Payment Type: Cash Check Debit Credit

Payment Plan Type: Pay in Full Pay in Trimesters

Total + \$35 Registration Fee: