

Spring 2017 Session

PLEASE CHECK ONE: CURRENT STUDENT PRIOR NEW

How did you hear about us: Word of mouth Computer Search Website Ad

Referred by _____ Other: _____

REG FEE(S)	MONTHLY TUITION	OFFICE USE

LAST NAME OF STUDENT(S)

STREET ADDRESS

CITY	STATE	ZIP CODE

HOME PHONE NUMBER

FIRST NAME OF STUDENT(S)	DATE OF BIRTH	AGE	M/F	ALLERGIES/ MEDICAL COND.

Person responsible for tuition if different from parent/guardian:

Auto Pay:
 Process my fees by Auto Pay
 Yes or No (circle one)

PARENT OR GUARDIAN

CELL PHONE NUMBER OR WORK

EMAIL ADDRESS
 All communications will be sent here

EMERGENCY CONTACT NAME & PHONE #

FIRST NAME OF STUDENT(S)	OFFICE USE PL INFO	STUDIO	NAME OF CLASS	FIRST CHOICE: DAY/TIME	SECOND CHOICE: DAY/TIME	TOT. CLASS MIN



CUPPET
PERFORMING ARTS CENTER
 135 PARK STREET, S.E., VIENNA, VA 22180
 703-938-9019 CuppetPAC.COM

AMY CUPPET STIVERSON
 OWNER & ARTISTIC DIRECTOR

REGISTRATION AND SCHEDULE
I, the undersigned, do hereby agree to the terms and conditions of the Enrollment Agreement and Liability Waiver and Assumption of Risk as stated on the reverse side of this Registration Form.

OFFICE USE:	Payment: Cash/Check # _____ Amt \$ _____	PMD: _____ Time _____
	or AP	DO or Em or Mailed or Fax or CP or WR

SIGNATURE OF PARENT OR GUARDIAN Or SIGNATURE OF STUDENT IF AGE 18 OR OLDER
 Registration will not be accepted without signature.