

Summer 2017 Session

PLEASE CHECK ONE: CURRENT STUDENT PRIOR NEW
 How did you hear about us: Word of mouth / Computer search / Ad Referred by: _____ Other: _____

REG. FEE(S)	CLASS FEE(S)	TOTAL

LAST NAME OF STUDENT(S) REGISTERING

FIRST NAME OF STUDENT(S)	DOB	AGE	M/F	Allergies/ Medical Cond.*

* Please attach details of allergies and/or medical conditions.

PARENT OR GUARDIAN

STREET ADDRESS

HOME PHONE NUMBER

CITY	STATE	ZIP CODE

PERSON RESPONSIBLE FOR TUITION: Parent Other
 BILLING ADDRESS IF DIFFERENT FROM STUDENT

CELL OR WORK PHONE NUMBER

EMAIL ADDRESS
 Required for email confirmation

Payment Method: Auto Pay (include AP form with registration)
 Check or Cash
Payment Plans: 2 payments (\$300+) or 3 payments (\$500+)

EMERGENCY CONTACT NAME & PHONE #

FIRST NAME OF STUDENT(S)	Name of Class, Camp, or Workshop	Studio	Time	Please circle or highlight which weeks you would like	CLASS FEE
				Weeks: 1 (7/10-7/15) 4 (7/31-8/5) 2 (7/17-7/22) 5 (8/7-8/12) 3 (7/24-7/29)	
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CUPPETT
PERFORMING ARTS CENTER
 135 PARK STREET, S.E. , VIENNA, VA 22180
 703-938-9019 CuppettPAC.com

AMY CUPPETT
 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.

SIGNATURE OF PARENT/GUARDIAN, Or SIGNATURE OF STUDENT IF AGE 18 OR OLDER

Office Use: AP or Cash or Check# Amount: \$	Office Use: 2 or 3 Payment Option for Fees \$300+ Due at Reg.: Due by 5/1/17 Due by 6/1/17	Office use PMD: Time:
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