REGISTRATION FORM

ARIZONA COAST PERFORMING ARTS

2021 - 2022

DATE: _____

STUDENT'S NAME: _____

AGE: _____

PARENT'S NAME: _____

ADDRESS: _____

_____

PHONE: _____

ALTERNATE PHONE: _____

PARENT'S EMAIL: _____

CLASS	DAY	TIME	FEE	TOTAL PAID CK# / CASH