

ACADEMY REGISTRATION FORM

NAME _____ BIRTHDATE _____

ADDRESS _____ SEX M F

CITY _____ STATE _____ ZIP CODE _____

BILLING ADDRESS (if different from above)

HOME PHONE _____

FATHER'S FIRST NAME _____ MOTHER'S FIRST NAME _____

FATHER'S DAYTIME PHONE NUMBER _____

FATHER'S CELL PHONE NUMBER _____

FATHER'S COMPANY/FIRM _____

MOTHER'S DAYTIME PHONE NUMBER _____

MOTHER'S CELL PHONE NUMBER _____

MOTHER'S COMPANY FIRM _____

CONTACT IN CASE OF EMERGENCY:

NAME _____

PHONE NUMBER _____

E-MAIL (if you have one) _____

SCHOOL ATTENDING _____