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2019 - 2020 Additional Student Registration

STUDENT #2

 FIRST NAME LAST NAME
 (MONTH) _____ (DAY) _____ (YEAR) _____
 DATE OF BIRTH GENDER

HEALTH CONCERNS/PREVIOUS INJURIES

ARE YOU INTERESTED IN COMPETITIONS*? YES NO IF YES, YEARS OF EXPERIENCE _____
 *ADDITIONAL FEES WILL APPLY

ARE YOU INTERESTED IN PRIVATE LESSONS OR SOLOS? YES NO
 *HOURLY RATES APPLY

REGISTRATION

1. _____
 CLASS NAME LOCATION COST
2. _____
 CLASS NAME LOCATION COST

TOTAL TUITION \$ _____

MONTHLY \$ _____

MEMBERSHIP FEE \$ 25.00

DISCOUNT \$ _____
 (IF APPLICABLE)

GRAND TOTAL \$ _____

PAYMENT TERM

FULL TERM

MONTHLY

KIDSPORT/JUMPSTART

REGISTRATION PAYMENT

AMOUNT PAID: _____ DATE: _____

Cash

Paypal

Cheque, Number _____

E-transfer