

ADULT REGISTRATION FORM

Contact Information

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Course Information

Course Name	Start Date	Fee

DISCOUNT _____ TOTAL _____

Billing Information

Cash _____ Check/MO _____ Visa/MasterCard _____

Cardholder Name _____ Exp. Date _____

Card # _____ CVV _____

How did you hear about our programs: _____

_____ Catalog in the mail	_____ Minuteman website
_____ Catalog in public place	_____ Newspaper
_____ Email	_____ Other
_____ Friends/Family	_____ Social media
_____ Internet search	_____ Taken classes previously

KIDS & TEENS REGISTRATION FORM

Contact Information

First Name _____ Last Name _____

Birth Date _____ Grade _____ School _____

Street Address _____ City _____ Zip _____

Parent/Guardian _____ Home Phone _____

Cell Phone _____ Email _____

Email _____

Emergency Contact Information (REQUIRED) *(In the event that we are unable to reach the parent/guardian above.)*

Name _____ Phone _____

Relationship to student _____

Health Information to be shared with staff *(current physicals will also be requested from each applicant.)*

Allergies and/or other concerns _____

Course Information

Course Name	Start Date	Fee

TOTAL _____

Billing Information

Cash _____ Check/MO _____ Visa/MasterCard _____

Cardholder Name _____ Exp. Date _____

Card # _____ CVV _____