

Firework Studio

Registration Form

Student Details

First Name _____ Last Name _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Birth Date _____ Age _____

Parent or Guardian (Used in case of emergency, this information must be provided before the student can participate in a class.)

First Name _____ Last Name _____ Relationship to Student _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Email address _____

Alternative Contact (Please give the name of a friend or relative who can be contacted in case of emergency.)

First Name _____ Last Name _____ Relationship to Student _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (____) _____ Work (____) _____ Cell (____) _____

Physician Name _____ Telephone: (____) _____

In the event of an emergency and if I or my emergency contacts cannot be reached, I give Firework Studio permission to authorize any medical treatment deemed necessary by the attending physician.

Signature _____ Date _____

1. Session _____ Class Title _____ 2. Session _____ Class Title _____

Time _____ Tuition \$ _____ Time _____ Tuition \$ _____

3. Session _____ Class Title _____ 4. Session _____ Class Title _____

Time _____ Tuition \$ _____ Time _____ Tuition \$ _____

Credit Card Number _____ Expiration Date _____ Total \$ _____

Authorization Signature _____ Card Type: MasterCard Visa American Express

Please send form with check or credit card information to: **Firework Studio** 11664 National Blvd. #359, Los Angeles, California 90064

Phone:(310) 397-5229

e-mail: info@fireworkstudio.com

All classes are held at Firework Studio 3170 Stoner Ave., Los Angeles, CA 90066