

# STARRZ Performing Arts Centre

## 2010 SIZZLING SUMMER PROGRAM

### Registration Form

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Name & Numbers: \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about "STARRZ" ?

\_\_\_\_\_

Please list the Classes, Workshops or Camps you are registering for on this line:

\_\_\_\_\_

\_\_\_\_\_

*All Classes, Workshops and Camps are Non-refundable.*

Responsible Party's signature:

\_\_\_\_\_