



1001 Market Ave N, Canton, OH 44702 PH: 330.453.7619 FAX: 330.453.8368

CLASS ENROLLMENT FORM '09

Date: _____

Name of Class or Workshop:

Student Name: _____

Student Birth Date: _____ Age _____

Address: _____

City, State, ZIP _____

Parent/Guardian: _____

Phone: (____) _____

Emergency Phone: (____) _____

Payment Method: _____ Cash
_____ Check # _____

VISA/MC/Disc/Amex _____ Expires _____

Amount: _____ Security Code _____