



Augusta Savage Mentoring Center

Class Registration Form

Name of Class: _____ Name of Instructor: _____

Length of Class: _____ (i.e. begins "date" or Workshop 1, etc.) Day of Class: _____ (M,T,W,TH)

Student's Name: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

Medical Conditions/Allergies: _____

Previous classes (what style/type, how many years): _____

Are you interested in participating in a year end show? (If applicable) _____

Parent/Custodian Name: _____

Street Address: _____

City/State/Zip Code: _____

Home #: _____ Cell#: _____

Email: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Parent/Guardian Signature: _____ Date: _____