

YOUTH ACADEMY REGISTRATION FORM

Date: ____/____/____

Time: _____ AM PM

Registration Transfer Cancel Wait List Payment Trade

Student Info: New Student: Phone: (____) _____ H ____
Identification #: _____ Phone: (____) _____ W ____ Cell ____
Fax: (____) _____

Child's Name: _____ Email: _____
Child's Birthdate: _____

Parent Name: _____

Address: _____

City: _____ State _____ ZIP _____

Class: _____ Amt. paid: _____

Class: _____ Amt. paid: _____

Class: _____ Amt. paid: _____

Class: _____ Amt. paid: _____

I have read and understand the cancellation policy. **Total:** _____

Payment: Charge Check Cash Credit Scholarship Gift Certificate

◆Card Number: _____ Exp. Date: _____

Appr. Code _____ Invoice # _____ Date Card Run: _____

Check # _____

Transfer: Transfer From: _____ To _____

Transfer Date: ____/____/____ Amount: \$ _____ Fee: \$ _____

Cancellation: Cancelled Class: _____ Date of Cancel: _____

Card # _____ Exp. Date: _____

Invoice #: _____

Refund Date: ____/____/____ Cancel Fee: \$ _____ Refund Amount: \$ _____

SAS Check Number: _____

Comments: _____
