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REGISTRATION FORM: ADULT

(Must accompany payment)

Payment and form can be emailed, mailed, or dropped off at the center
from 10 a.m. to 5 p.m. Wednesday through Saturday.

Name _____ Phone # _____

Class Name _____ Class Day & Time _____

Address _____ City _____ State _____ ZIP _____

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PAYMENT

Discount or scholarship code: _____

Payment/Total Amount Enclosed \$ _____