

First Name Student:

## Student Registration Form

Last Name:

Email:

City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Emergency Contact while in studio:	
DOB (if under 18):	Parent/Guardian name:	
School:	Grade:	
Special Needs/Allergies:		

Street:

Class Name	\$	Dates/Details	Fee
Open Studio	17		
Knitters' Breakfast	25		
After School Class Try-out	29		
After School Class Session (8)	190		
Special Event / Party	350		
Workshop			
Private Lesson	85		
Membership monthly	80		
Membership Annual	800		
Camp 1 Week	395		
Camp Aftercare / hour	15		
Non-profit/Member Discount	-10%		
TOTAL			

Pay at the studio OR send PDF to <u>info@fiberart.studio</u> OR send check payment to FiberArt.STUDIO, Suite 120, 9812 Falls Road, Suite 120, Potomac, MD 20854

Credit Card Number	Name on Card
Expiration Date	Zip Code of Billing
Security Code	Signature

Signature: Date: