

Class Registration Form



Name _____ Date ____/____/____

Adult Teen Child: age _____

(Guardian, if child is under 18)

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Cell _____ - _____ - _____

E-Mail _____

CLASS _____ Start Date ____/____/____

Cost, class + materials \$ _____ Included

CHECK # _____ VISA MASTERCARD # _____

EXP. DATE _____ CVV _____

CASH

(Name as it appears on the card)

(Signature)

I hereby give consent for Fire Arts staff to provide basic treatment for minor occurrences. I authorize the transfer of me or my child to any health care provider if the Fire Arts staff suspects medical attention is necessary.

I grant permission to Fire Arts to take photographs of me or my child for use in promotional materials including printed media and web applications. I authorize this use indefinitely without compensation to me.

Call to be put on the class list, complete form and send or bring to:

Questions?

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