

REGISTRATION FORM:

Student _____

Date of Birth _____ Age _____

Registering For: _____

Parent(s) _____

Address _____

Ph# _____ Cell# _____

E-Mail _____

How did you hear about workshops? _____

Tuition is for entire session due upon enrollment:

\$ 55 -- 45 Minute Class

\$ 70 -- 60 Minute Class

\$ 90 -- 90 Minute Class

\$ 120 -- Thurs Combo Classes

*Tuition is for entire session and due upon enrollment

*10% discount for enrolling more than one child or for more than one workshop *per session*.

*Combine both classes on Thursday for \$120.00.

*Payment plans available.

*No refunds once classes begin. If withdrawing before start of session, a \$25.00 fee will be withheld from refund amount.

METHOD OF PAYMENT:

CHECK # _____ CASH CREDIT CARD

Credit Card # _____

Expiration Date _____ ID # _____

Amount Paid _____ Payment Date _____

Please make checks payable to: F.H.C.T.

Mailing Address: FHCT, P.O. Box 18312 Fountain Hills, AZ 85269

Phone: 480 - 837-9661 ext. 3

Fax: 480 - 837-5972

Email: play@fhct.org
Internet: www.fhct.org