

Registration

Name of enrollee _____ Age _____

Parent/Guardian _____

Address _____ City _____

State _____ Zip _____ Telephone _____
(home and work) _____

email address _____

Week 1-morning _____ afternoon _____ total _____

Week 2-morning _____ afternoon _____ total _____

Week 3-morning _____ afternoon _____ total _____

Week 4-morning _____ afternoon _____ total _____

Discount for enrollment before June 15 - 15%

TOTAL _____ Deposit _____ Balance _____

Now Accepting VISA MASTERCARD AMEX DISCOVER (circle one)
Card Number _____ Exp. _____
Signature _____ Date _____

If paying by check, please make check payable to For Pete's Sake Studios .

Please enclose tuition to hold your space

NO DISCOUNTS HONORED FOR ENROLLMENTS AFTER JUNE 15

Mail this completed form to:

FOR PETE'S SAKE STUDIOS
4188 Jarvis Ave. San Jose, CA. 95118
408-269-1210 www.forpetessakestudios.com