

Registration

Student _____ Age _____

Parent/Guardian _____

Address _____ City _____

State _____ Zip _____ Telephone (h) _____ (w) _____

Email _____ cell # _____

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 1- 10%

TOTAL _____ DEPOSIT _____ Balance _____

We accept VISA and MASTERCARD

Card Number _____ Exp. Date _____

Signature _____ Date _____

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

**Please enclose tuition to hold your space.
NO DISCOUNTS HONORED AFTER JUNE 1 2010**

Return this completed form to:

**FOR PETE'S SAKE STUDIOS
4188 Jarvis Ave. San Jose, CA. 95118**

*for additional information call 408-269-1210 or visit us at
www.forpetessakestudios.com*