

**2019 REGISTRATION FORM
TAP INTENSIVE**

Date of Registration: _____

Participant Name: _____

Address: _____

City: _____ **Zip:** _____

Phone #: _____

Date of Birth: _____ **Age:** _____

E-mail Address: _____

Adult Contact (for students under 18):

Emergency Contact: _____

Emergency Phone #: _____

Medical or Other Important Information:

CLASSES (please circle):

Beginner

Advanced Beginner

Intermediate

Advanced

____ INFO ENTERED IN PORTAL

____ PAYMENT RECEIVED

CASH _____

CHECK _____

CC _____