The ARTS Company Student Contact Information
Please notify us if any information changes during the year.
Please Mail this form and the Medical Release Form to:
The ARTS Company/ P.O. Box 6/ Faison, NC 28341

Name of
Student(s)_____

Date of Birth (If under 18 yrs of age) _____
Age_____Email Address
Please keep this current, as we send studio information via email*
_____

Mailing Address_____
City_____Zip_____
Home Phone #_____
Cell# _____

Person to contact in case of emergency_____
Home #_____Cell #_____
Please list any allergies & medical conditions that we need to be aware of:

_____

Class Day/Time Price Total

_____

_____

_____

_____

_____

Registration fee $ 30.00_____

Recital Fee $35 Due by April 15th

Tuition Total: