

Youth Ensemble of Atlanta
Saturday School Registration Form
Spring 2013 – March 2 – April 20

Student's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail Address _____

School _____ Grade _____

Date of Birth _____ Age _____

Parents Name _____

Emergency Phone _____

Does your child have any medical issues that pose a problem during the class activities? (allergies)

Classes:

Classes are Saturdays from 9AM to Noon.

Sessions are 8 Weeks Long.

Cost is \$160 for the 8-week Session. \$10 discount if paid in full by week 3.

Please describe any prior training _____

Please e-mail this form to **brad@youthensemble.org** or via fax to **404.806.9217**