

**Youth Ensemble of Atlanta
Saturday Arts Class (SAC) Registration Form
Summer 2014**

Student's Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Cell phone:** _____

E-mail address _____

School _____ **Grade** _____

Date of Birth _____ **Age** _____

Parent's Name _____

Phone Number _____ **Cell** _____

Emergency Contact Person: _____

Phone Number _____ **Cell** _____

Does your child have any special needs/medical issues that pose a problem during the class activities? _____

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Class Information;

SAC begins **June 7, 2014 for 8 Weeks**

Classes are Saturdays from 9am to 11:50am

Cost is \$10.00 per individual class segment, or \$20.00 for a complete day's training session.

Please e-mail this form to debi@youthensemble.org or fax to 404.806.9217