

**FACETIME PERFORMING ARTS STUDIO
REGISTRATION FORM**

SCHOOL YEAR 2010-2011

Student's Name: _____ Grade – Fall, 2010 _____

Address: _____

Phone: _____ (HOME)
_____ (CELL)

Parents' Names: _____

Email: _____

Please check the location at which you will be attending classes:

_____ Phoenixville _____ Rosemont _____ Harleysville

Please fill in the day and time of the class you are registering for:

Day of the Week: _____ Time: _____