

Class & Program Registration Form

Last Name: _____

First Name: _____

Address: _____

State/Zip: _____

Phone Number: _____

Email Address: _____

Age: _____

Parent Name (under 18): _____

Date: _____

Name of Class or Program	Day & Time	Tuition
1.		\$
2.		\$
3.		\$
<i>Need more space? Attach a separate sheet!</i>	Total:	\$

Please make checks to OFC Creations or provide credit card information below:

Credit Card #: _____

Expiration: _____ 3-Digit Code: _____

Please mail to P.O Box 26346 Rochester, NY 14626