

# REGISTRATION FORM

Date: \_\_\_\_\_

Please PRINT. Fill out form and return to Burlini Studio Of The Arts with payment. **Payment acknowledges you have read, understood and agree to the below fee and policy.** Please see policy on the back page.

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

**\*IF YOUTH, PARENT'S OR LEGAL GUARDIAN'S NAME** \_\_\_\_\_ **CHILD'S AGE** \_\_\_\_\_

**\*LEGAL GAUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_.

CLASS	SESSION	DAY & TIME	FEE	/MATERIAL FEE	TOTAL

**GRAND TOTAL**


**A 3% credit card transaction fee will be added if paid by credit card.**

Payment:  VISA    MASTER    AMEX    CHECK    CASH/ **ZELLE** Pay( TEL: 954.937.1468)

ACCOUNT NO \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC (security code) # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Billing Zip code \_\_\_\_\_

**Checks payable to: BURLINI STUDIO, INC**

A \$35 fee will be charged for returned checks.

**Burlini Studio of the Arts**  
**561.393.9999**  
 3500 NW Boca Raton Blvd. #702. Boca Raton, FL 33431  
 Email: BurliniStudio@yahoo.com