



Registration Form

ART ROOM 2731 Maple Avenue Lisle, IL 60532 630-778-9825 lxu@artroominc.com

Name: _____ Gender: F M Age: _____
(Circle one)

Address: _____

Tel: _____ E-mail: _____

School: _____ Grade: _____

Emergency Contacts:

Mom: _____ Tel: _____

Dad: _____ Tel: _____

Other: _____ Tel: _____

10- Lesson

6-Lesson (not for repeating purchase)

_____	_____	_____
_____	_____	_____
_____	_____	_____

4-Lesson (not for repeating purchase)

_____	_____
_____	_____