



# STUTZARTSPACE STUDENT REGISTRATION FORM

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Please complete and return with full payment to:

Educational Services  
STUTZARTSPACE  
212 w. 10<sup>th</sup> Street, Ste. A-250  
Indianapolis, IN 46202

Please complete a separate form for each student

### STUDENT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Birthdate (if under 18 years): \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

### CLASS INFORMATION:

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Check (# \_\_\_\_\_) \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account #: \_\_\_\_\_

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

Name on Card: \_\_\_\_\_

Please print

Cardholder's Signature:

\_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_