ARGYLL SCHOOL OF CELTIC ARTS REGISTRATION FORM

STUDENT	
AGE	
PARENTS/CAREGIVER	
ADDRESS	
PHONE NUMBER	
CELL PHONE	
EMERGENCY CONTACT	
EMAIL	

PLEASE REGISTER ME FOR THE FOLLOWING CLASSES

CLASS NAME AND DAY	AMOUNT
5% gst:	
Total:	

**Post-dated cheques for the year are due upon registration.