



CLASS REGISTRATION FORM

Please fill out completely.

Participant's Name _____ Age _____

Address _____

City, State, Zip Code _____

Email _____

Telephone (home) _____ (work) _____

(cell) _____

Emergency Contact _____ Phone _____

Class title: _____

Date and time: _____

Waiver of liability: I hereby release Cape Fear Studios, its employees, volunteers, and board members from any and all liability, cost, or expense associated with any injury I may sustain while participating in CFS classes.

Signature: _____ Date: _____

***Full payment is due at the time of registration in order to secure a spot in the class. Registration is due one week prior to class date.**

My payment is:

- Enclosed in the form of a check made payable to Cape Fear Studios.

- I would like to pay by credit card.

Card Number _____ Expiration Date _____

Security Code _____ Cardholder Signature _____

Please return to Cape Fear Studios, 148-1 Maxwell St., Fayetteville, NC 28301