



Student _____

Age _____ Birthdate _____

Address (include city and zip) _____

Name of parent or guardian _____

Home Phone _____ Cell Phone _____

Email address _____

Date and time of the class : _____

Total tuition due: _____ Please make the check payable to Merja Soria

Signature _____ Date _____

You will reserve a spot in the class once we receive the full payment and the completed registration form. There will be no refunds after the first day of class.

Enrollment is limited, please call for availability (619) 791-5524

How did you hear about us?

- Internet
- Flyer
- Magazine
- Friend
- Other: _____

Please mail your payment to:

Merja Soria
PO Box 153242
San Diego, CA 92195

