



Vicki Pierce  
303-683-9867



Singer / Actress / Voice Teacher

## Registration Form

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Payment (*circle one*) Monthly Weekly

School \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Names \_\_\_\_\_

Additional Phone Numbers \_\_\_\_\_

Parent email address \_\_\_\_\_

Student email address \_\_\_\_\_

Student activities (theater groups, choir, sports) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_