



ADULT CLASS Registration FORM

Name _____ Birth Date _____ Age _____

Phone _____

Email _____

Address / Street _____ City _____ Zip _____

Emergency Contact /Name _____ Relationship _____

Phone _____

Class _____ Date/Time _____ Amt. Pd. _____

I give permission to post photos (or videos) of me on social media (Facebook, Twitter, Google +, Instagram) without any personal information. **Yes** ___ **No** ___

How did you hear about Createria Studios? _____

Would you like to be on our mailing list? Email: **Yes** ___ **No** ___ Mail: **Yes** ___ **No** ___

Notes:

Credit Cards accepted.
Make checks payable to:
Createria Studios
509A W. Bethel Rd.
Suite 100 Coppell, TX 75019
972.745.9200