

Power Poses Registration Form (Miss Palmer)

First Name: _____ Last Name: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

For communication purposes, do you prefer (please circle): Call, Text, or Email?

Special Needs or Medical Conditions: (specify)

Payment Month	Tuition / Check #	Late Fee
August		
September		
October		
November		
December		
January		
February		
March		
April		