

Registration Form

Teacher's Name _____

Teacher's Address _____

Phone _____ email _____

Student Playing Preference _____ (morning or afternoon)

WFMTA Monitor Preference _____ (morning or afternoon)

Total Number of Students Enrolled _____

Total Fees Enclosed _____

Student's Names (first name, last name)

- | | |
|-----------|-----------|
| 1. _____ | 13. _____ |
| 2. _____ | 14. _____ |
| 3. _____ | 15. _____ |
| 4. _____ | 16. _____ |
| 5. _____ | 17. _____ |
| 6. _____ | 18. _____ |
| 7. _____ | 19. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |