



SHOW Circus Studio Registration Form

Please sign and return to: **SHOW Circus Studio**
150 Pleasant St Suite 313, Easthampton, MA 01027 • 413-527-6901
www.showcircusstudio.com • info@showcircusstudio.com

I Am Registering for... Myself My Child My Family A Friend/Relative

Student Name: _____

Address: _____ Zip: _____

Date of Birth (required): ___ / ___ / ___ Age: _____

Parent's Name (If Student is Under 18 years old): _____

Email: _____ Phone: _____

Class, Workshop or Event Name

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

Make checks payable to SHOW Circus Studio. Total Due: \$ _____

Please make sure each person registering has also signed a studio waiver and is familiar with studio policy and rules. If there are any questions please contact the studio at the information above. By signing below I agree to abide by SHOW Circus Studio policies and rules.

Signature: _____

Office Use Only: P1: ___/___/___ P2: ___/___/___ P3: ___/___/___