

TRINITY SCHOOL OF THE ARTS REGISTRATION FORM

Student(s) Name _____

 Address _____

 City _____ State _____ Zip _____
 E-mail Address (for confirmation): _____
 Telephone _____
 Check Number/Amount _____ Cash/Amount _____

*A parent's signature is required on a **health waiver form (on the next page)** for all Fitness classes.*

**PLEASE MAKE YOUR CHECK PAYABLE TO
"TRINITY SCHOOL OF THE ARTS."**

Trinity School of the Arts
 c/o Trinity Baptist Church
 80 Clinton Street
 Concord, NH 03301

Phone – 603-225-3999
 Email – TSA@tbcnh.org

CLASS NAME	FEE
TOTAL	