



School Registration Form

Today's Date _____

Student Name(s) _____

Course Name(s), Level, and Term Day/Time

Alternate choice if first choice is cancelled

Name (of payer): _____

Address: _____

Home phone: _____

Work phone _____

Email: _____

Special Requirements:

Fees

<i>6 week course:</i>	<i>12 week course:</i>
<input type="checkbox"/> \$135 (non-members)	<input type="checkbox"/> \$270 (non-members)
<input type="checkbox"/> \$120 (members)	<input type="checkbox"/> \$240 (members)

Dance course fees:
 \$105 (non-members)
 \$90 (members)

Membership

I would like to become a member of Calliope.
 Individual (\$30) Family (\$50)

Total amount enclosed: \$ _____

Payment

Check to "Calliope" Visa Mastercard

Card number:

Expiration: _____ Security Code (on back): _____

Name as it appears on Card: _____

Mail to:

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Pittsburgh, PA 15232
(412) 361-1915
www.calliopehouse.org calliope@calliopehouse.org