

REGISTRATION FORM

Name

Email Address

Address

City/Zip

Home Phone

Cell Phone

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Class: _____ Start Date: _____ School: _____ Amount: \$ _____

Mail to:

David Hopkins
C/O Layton High School
440 Wasatch Dr.
Layton, Utah 84041

Total: \$ _____

Make check payable to Layton High School