



Registration Form

Today's Date _____

Class/Workshop _____

Instructor _____

Please make checks payable to instructor.

Your name: _____

Address: _____

E-mail _____

Phone _____

Class fee \$ _____

Amount enclosed \$ _____

Send Registration Form and Payment to:

St. Michaels Movement Studio
PO Box 628
St. Michaels, MD 21663
410-200-1317
www.stmichaelsstudio.com

THANKYOU•THANKYOU•THANKYOU



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