

# SAC - Student Arts Council

## Student Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program paid by Credit Card \_\_\_\_\_, Cash \_\_\_\_\_, Check # \_\_\_\_\_

Name of Parent/Guardian authorizes student to attend program:

\_\_\_\_\_

Signature \_\_\_\_\_

Mail check and membership form to FCAC, P.O. BOX 758, Louisburg NC 27549

