

REGISTRATION FORM

FICHE D'INSCRIPTION

Current member Yes No

Last Name:

First name:

Adult

Children 4-7 y/old

Senior (≥ 62)

Children 8-15 y/old

Address

City:

Phone (work):

Phone (mobile) :

Signature :

Date :

Session :

Class name :

Level :

Location : Miami Ft. Ld. WPB

Parent's Name(s):

Emergency contact:

State:

Zip code:

Phone (Home):

E-mail:

Date:

Please note that fees are payable in full at the time of registration. Send your payment (check order to Alliance Française de Miami) with this form at Alliance Française de Miami – 618 SW 8th Street – FI, 33130.

They are non-transferable and also non-refundable, except if no class has been attended and if demand is made in writing before the first class.