



Judah Studios

Class Registration

Thank you for your interest in a class at Judah Studios, we look forward to learning with you!

Name: _____ Phone number# _____

Address: _____ e-mail: _____

In case of an emergency who should we contact? (Name/phone) _____

Class you are registering for: _____

Payment for this class is due along with this registration form, due no later than 3 days before the anticipated class. Please mail form and payment to:

Judah Studios
PO Box 161,
Nelsonville, WI 54458

Registration fee is non refundable, there may be additional expenses for supplies, or additional supplies may be needed. Checks may be made out to: Judah Studios

For Children's Classes only:

I, the undersigned, as the parent or legal guardian of _____, hereby hold Judah Studios, and it's facility, and teachers harmless for any and all damages, injuries and losses that may be sustained before, during, or after class.

Parent/Guardian Signature _____ Date _____