



## Spring 2008 Registration Form

Classes begin the week of March 2, 2008

Student Information		Parent/Caregiver Information	
Last name:	First:	Last name:	First:
Street:		Home phone:	
City:	ZIP:	Work phone:	
Birthday:		E-mail:	
I release any and all rights and claims for damages against Bean Sprouts and its staff in the unlikely event of injury sustained by myself or my child(ren) during the course of, or as a result of activity. Signature: _____			

Session #	Day of Week	Cost
Subtotal		
Discounts		
Total		

Did a friend refer to you a Bean Sprouts class? \_\_\_\_\_

If so, who? \_\_\_\_\_

- Discounts:**
- Sign up a sibling, and receive 10% off each additional child.
  - Register a friend (new to classes), and both receive a \$5 Bean Sprouts gift certificate!
  - Register by February 15, and receive 10% off

**Method of payment:**

Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ Personal check: \_\_\_\_\_ Cash \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Please turn in your form and payment either at Bean Sprouts café or send in to address below.