

J Kelley Studios Inc.  
230 Franklin Rd  
Suite 903  
Franklin, TN 37064  
615-599-1757

# Summer Registration 2010

*Please fill out and sign the registration form below.  
You can mail or drop off the form at the studio with payment.*

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

RISING GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\*Please check the session you are interested in\***

<input checked="" type="checkbox"/>	REGISTER		Fee
<input type="checkbox"/>	Session 1	June 21-26	<b>\$157</b>
<input type="checkbox"/>	Session 2	July 19-24	

ADVANCED SESSION			
<input checked="" type="checkbox"/>	REGISTER		Fee
<input type="checkbox"/>	Session 3	July 19-31	<b>\$237</b>

If currently enrolled with J Kelley Studios and set up with auto-pay, your tuition will be automatically charged. If not enrolled please **make checks payable to J Kelley Studios and mail to the address above or drop off at the studio.**

Amount enclosed by check: \$ \_\_\_\_\_

Amount to be charged through auto-pay: \$ \_\_\_\_\_

I, the undersigned parent/guardian of the above listed student, do waive the rights to any legal action for injury sustained on the studio property resulting from normal activity or any other activity conducted by the students before, during or after class times. I hereby consent and wish to have my child actively participate at J Kelley Studios.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date