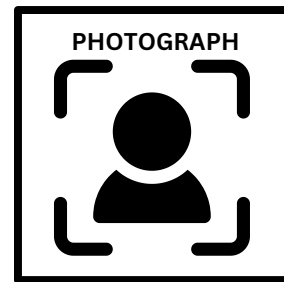




BIJOUX ART & FITNESS STUDIO SIGN UP FORM



FULL NAME

Referred by :

Email Address :

Phone Number :

Date of Birth : / / Age:

Address :

City :

ZIP/Postal Code :

State/Province :

Country :

CLASS OPTIONS

<input type="checkbox"/> Western	<input type="checkbox"/> Music	<input type="checkbox"/> PHYSM
<input type="checkbox"/> Indian Classical	<input type="checkbox"/> Singing	<input type="checkbox"/> Martial Arts / Boxing X Cali

SKILL LEVELS

<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advance
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DURATION

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly (@10% Discount)
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DATE

SIGNATURE