

DJ's SHOOTING GALLERY & TRAINING FACILITY
9009Y ESTATE COTTAGE CHRISTIANSTED, VI 00823
Shootinggallerystx1@yahoo.com (340)713-9058

STUDENT INFORMATION

Last: _____ Male _____ Female _____
First: _____ Middle _____
Social Security # _____ Date of Birth _____
Physical Address: _____ Mailing: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Cell Phone: _____
Email: _____
Grade Level: _____ Current School Attending: _____

GUARDIAN/PARENT INFORMATION

Last: _____
First: _____ Middle _____
Day Phone: _____ Cell: _____ Work: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

APPLICATION FEE: _____
TUITION: _____
LATE FEE: _____
TOTAL: _____

PAYMENT: Credit Card, check or money order payable to DJ's Shooting Gallery. Please note that fees are subject to change. Fee payment information will be e-mailed to you at the e-mail address above once enrolment has been confirmed.

PARENTAL APPROVAL: I have read and discussed the conditions of this program with my child and approve of their participation in the Youth Club/Summer Session. I understand the following: - I may be held accountable for my child's actions, should his/her actions violate the Youth Club/Summer Program policies and procedures. - I am responsible for paying for the courses that my child signs up for and does not drop prior to the refund deadline even if my child never attends the class.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____