



Mail this registration and make check out to:

David Mast
P.O. Box 1673
Cockeysville, MD 21030

Please check the clinic you want....

ORCHARD CLINIC SCHEDULE

ADULT CLASSES

<input type="checkbox"/> Wednesdays	12:30-2:00 p.m.	Intermediate	\$350
<input type="checkbox"/> Thursdays	12:30-2:00 p.m.	Intermediate	\$350
<input type="checkbox"/> Saturdays	12:00-2:00 p.m.	Beginner/Inter.	\$450
<input type="checkbox"/> Saturdays	2:00-4:00 p.m.	Intermediate/Adv.	\$450
<input type="checkbox"/> Saturdays	12:00-1:00 p.m.	Beginner/Inter.	\$250
<input type="checkbox"/> Saturdays	2:00-3:00 p.m.	Intermediate/Adv.	\$250

KID CLASSES

<input type="checkbox"/> Mondays	4:00-5:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Mondays	5:00-6:00 p.m.	8-12 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Tuesdays	4:00-5:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Tuesdays	5:00-6:00 p.m.	8-12 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Wednesdays	4:00-5:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Wednesdays	4:00-5:00 p.m.	4-6 yr old/Pee-Wee's	\$250
<input type="checkbox"/> Wednesdays	5:00-6:00 p.m.	8-12 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Fridays	4:00-6:00 p.m.	9-14 yr old/Intermediate/Adv.	\$450
<input type="checkbox"/> Fridays	4:00-5:00 p.m.	9-14 yr old/Intermediate/Adv.	\$250
<input type="checkbox"/> Fridays	5:00-6:00 p.m.	9-14 yr old/Intermediate/Adv.	\$250
<input type="checkbox"/> Saturdays	11:00-12:00 p.m.	4-6 yr old/Pee Wee's	\$250
<input type="checkbox"/> Saturdays	11:00-12:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Saturdays	12:00-1:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Saturdays	1:00-2:00 p.m.	6-10 yr old/Beginner/Intermediate	\$250
<input type="checkbox"/> Saturdays	12:00-2:00 p.m.	11-15 yr old/Intermediate/Adv.	\$450
<input type="checkbox"/> Saturdays	2:00-4:00 p.m.	11-15 yr old/Intermediate/Adv.	\$450
<input type="checkbox"/> Saturdays	12:00-1:00 p.m.	11-15 yr old/Intermediate/Adv.	\$250
<input type="checkbox"/> Saturdays	1:00-2:00 p.m.	11-15 yr old/Intermediate/Adv.	\$250
<input type="checkbox"/> Saturdays	2:00-3:00 p.m.	11-15 yr old/Intermediate/Adv.	\$250
<input type="checkbox"/> Saturdays	3:00-4:00 p.m.	11-15 yr old/Intermediate/Adv.	\$250

REGISTRATION FORM

PLEASE PAY IN FULL WHEN REGISTERING!
Tuition is NON-REFUNDABLE and NON-TRANSFERABLE.

NAME: _____

PARENT NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK or CELL PHONE: _____

CLINIC SELECTED: _____

STUDENT AGE: _____

SCHOOL: _____

Make Check Payable to *David Mast* and mail check and registration to:

DAVID MAST
PO Box 1673
Cockeysville, MD 21030