



2010-2011 Registration Form

Visit our website for additional registration information and cancelation policies.

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

I would like to register for the following classes

Class	Session	Start Date	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Member Non-Member Total Tuition \$ _____

Join today and save on tuition! Membership \$ _____

Payment Information (full payment is due upon registration)

Total \$ _____

Check Enclosed Please Charge my: Visa Mastercard
Checks payable to SGAA

Name as it appears on card _____

Card # _____ Exp. / / _____

Signature _____

Mail completed form with payment to: **SGAA, 633 W 18th St., Tucson, AZ 85701**

Or Fax form to **(520) 623-9680**