
Student's Name	Age	Grade
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Address

City	State	Zip
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Phone	Email Address
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Responsible Party*

Address*

Phone*	Email Address*
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** Please fill out if the responsible party has different contact information than the student.*

CLASS 1	DAY	TIME
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CLASS 2	DAY	TIME
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CLASS 3	DAY	TIME
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Form of payment:

- Credit Card paid at bcct.booktix.com
- Cash Enclosed (Do not mail cash; cash can be dropped off at Stages)
- Check Enclosed (If paying by check: check should be made payable to BCCT and must accompany form.)

Please mail to:

BCCT, 270 Chambers Bridge Road, Brick, NJ 08723