



St. Louis Irish Arts

Registration Form Summer Camp 2019



COMHALTAS

Last Name _____
 Fathers Name _____ Mothers Name _____
 Address _____ Zip _____
 Home Telephone No _____ Cell () - _____
 Email Address _____
 Student Name _____ DOB _____
 Sibling Name _____ DOB _____
 Sibling Name _____ DOB _____
 Sibling Name _____ DOB _____
 Sibling Name _____ DOB _____

Please list all family members above

Parents Occupation:

Mom _____ Company _____
 Dad _____ Company _____

Emergency Contact Name & No. _____

*Checks should be made payable to SLIA School
 Please mail to: SLIA 7480 Whitehaven Dr. St. Louis, MO 63123*



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