

D I G I M A X

PERFORMING ARTS STUDIO

Student's Name: _____

Course Code (see listing): _____

Gender: M/F Age: _____

Date of Birth: _____

Address: _____

Parent/Guardian's Name: _____

Contact Phone Number: _____

Email Address: _____

Make check payable to: "Digimax Performing Arts Studio"

CONTACT US TODAY!

DIGIMAX PERFORMING ARTS STUDIO
145 Talmadge Road
Suite 9
Edison, NJ 08817

Phone: 732-248-0200
Email: info@digimax.us

www.digimax.us