



CULTURAL HERITAGE PERFORMERS

EDUCATION & PERFORMING ARTS CENTER PROGRAMS

Student's Name _____

Age _____ Date of Birth _____

Parent/Guardian Name:

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____

Cell _____

Email _____

Emergency Contact: _____

Please Return Form To:

Education & Performing Arts Center

14051 Indian Suite H

Moreno Valley, CA. 92553