



CAOBA [Cultural Association of Brazilian Arts]

Registration Form

Participant's name: _____

Legal Guardian's name: _____

Address: _____

Phone/Email: _____

Date of Birth: _____ School Grade Level: _____

Program – Please check the box next to your desired class

Capoeira Class: 1 class per week _____ 2 classes per week _____

RODA (class) _____

Music Class: _____

Physical Conditioning Class (low impact capoeira): _____

Dance Class: _____

Acrobatic Class: _____

Full Membership: _____

See separate Sheet for pricing (discounts available for advanced enrollment)

Calculate Amount: _____

Make Checks Payable to **Cultural Association Of Brazilian Arts**. For credit card payment, please submit via <http://www.caobarts.org/donations.cfm> Print confirmation.

www.caobarts.org

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CAOBA supports intellectual, moral and physical development through exposing communities of all ages, races and physical conditions to the powerful tools of Brazilian art and cultural expressions.