

Maui Academy of Performing Arts ~ MAPA

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Student Last Name, First

2011- 2012 Registration Form

This is a fill-able pdf and may be completed on your computer, saved and emailed to: friendsofmapa@mauiacademy.org. Or you may print, complete and return it to Maui Academy of Performing (address and fax number listed below).

<p>Student 1</p> <p>Last: <input type="text"/></p> <p>First: <input type="text"/></p> <p>Grade: <input type="text"/> Age <input type="text"/></p> <p>School: <input type="text"/></p> <p>DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input type="text"/></p>	<p>Student 2</p> <p>Last: <input type="text"/></p> <p>First: <input type="text"/></p> <p>Grade: <input type="text"/> Age <input type="text"/></p> <p>School: <input type="text"/></p> <p>DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input type="text"/></p>	<p>Student 3</p> <p>Last: <input type="text"/></p> <p>First: <input type="text"/></p> <p>Grade: <input type="text"/> Age <input type="text"/></p> <p>School: <input type="text"/></p> <p>DOB: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Email: <input type="text"/></p>
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Mailing and email addresses for all correspondence from MAPA

Address:

City:

State: Zip:

Email:

For Office Use Only:

QB

Total Info

We do not share our email list with other organizations.

Student(s) Live with: Both Parents Mother Father Other:

Primary Contact

Mother Father Stepparent Self

Last:

First:

Place of Work:

Home phone:

Cell phone:

Work phone:

Other Contact (optional)

Mother Father Stepparent _____

Last:

First:

Place of Work:

Home phone:

Cell phone:

Work phone:

Emergency Contact (if primary contacts are unavailable)

Last:

First:

Relationship:

Phone:

Doctor name:

Facility:

Phone:

Special needs:

County, State, and Federal grant reports often ask us the geographic and ethnic make-up of clients served. Please help us with our reporting by marking the ethnic heritage below that you most identify with as well as your physical address. Names are NOT used. Mahalo for your kokua.

- | | | | |
|--|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Afro-American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Central Maui | <input type="checkbox"/> East Maui |
| <input type="checkbox"/> Asian (Japanese, Filipino, Chinese, Korean, etc.) | <input type="checkbox"/> Pacific Islander (Tongan, Samoan, Fijian, etc.) | <input type="checkbox"/> Upcountry | <input type="checkbox"/> West Maui |
| <input type="checkbox"/> Aleutian/Native American Indian | <input type="checkbox"/> Hispanic (Puerto Rican, Mexican, etc.) | <input type="checkbox"/> South Maui | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hawaiian/ Part Hawaiian | <input type="checkbox"/> Other | | |

How did you hear about us?

Word of Mouth Email

QKC Poster Website

MAPA Playbill Online Search

Maui Family Magazine Facebook

On Maui Magazine Other:

