



## Chris Mennig

First Name  Gender  Session Type   
Last Name  Session Date   
Graduation  Age  Date of Birth

Home Phone

Email

Parent Email

Notes

Medical Concerns

Email Sent	Y
Email Date	11/2/05
Packet Sent	Y
Packet Date	5/28/06
Medical Release	Y
Insurance Info	Y
Free Gift	Y

Balance will automatically be calculated and placed in to letters and lists

Total Fee  Deposit Amt  Balance Due   
Deposit Amt Date   
Payment Type  Amount Charged   
Credit Card #  Exp Date  Check #   
Balance Amt Paid   
Balance Paid Date   
Balance Amt Payment Type   
Balance Amt Check #

Payment Notes

