

* Pre-Registration is required for all classes at least ONE day prior to class *

2019 Fall Art Registration Form

Student Name _____

(if under 18) Age _____ Parent Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Emergency Contact Name _____ Relationship _____
(if different from parent)

Phone Number: _____

1. Class Name _____ **Fee \$** _____

Time _____ Date _____ Code _____

2. Class Name _____ **Fee \$** _____

Time _____ Date _____ Code _____

3. Class Name _____ **Fee \$** _____

Time _____ Date _____ Code _____

(additional on back)

TOTAL FEE \$ _____

Payment Type: Cash Check Visa MasterCard American Express Discover

Credit Card # _____

Exp. Date _____ VCA _____ Zip Code _____

Signature _____ **Date** _____



Payment Initials: _____ **Spreadsheet Initials:** _____

4. **Class Name** _____ **Fee \$** _____

Time _____ Date _____ Code _____

5. **Class Name** _____ **Fee \$** _____

Time _____ Date _____ Code _____

6. **Class Name** _____ **Fee \$** _____

Time _____ Date _____ Code _____

TOTAL FEE \$ _____

RECEIPT: