



REGISTRATION FORM

Student's Name: _____

Mailing Address: _____

If Child, Parent's Name: _____

Child's Date of Birth: _____

Home _____ Cell: _____

Email Address: _____

CLASS/WORKSHOP TITLE	DATE	TIME	MATERIALS FEE	TUITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
		SUBTOTALS	_____	_____

PAYMENT

Tuition Subtotal: _____

Materials Fee Subtotal: _____

Membership Fee: (if joining or renewing) _____

TOTAL PAYMENT INCLUDED: _____

PAYMENT METHOD : Check Credit Card (MasterCard, VISA, Discover, American Express)

Card #: _____ Expiration Date: _____

Signature: _____ SEC Code: _____