



REGISTRATION FORM

Student's Name: _____

Mailing Address: _____

If Child, Parent's Name: _____ Age of Child: _____

Home Telephone: _____ Work Telephone: _____

Email Address: _____

Class/Workshop: _____

Date(s): _____ Time(s): _____

Tuition: _____ Materials Fee: _____ Membership Fee: _____

Total Payment Included: _____ Payment Method – Credit Card ___ Check ___

Credit Card Information:

MasterCard/VISA #: _____ Expiration Date: _____

Signature: _____