



The Arts Center of the Capital Region

CLASS REGISTRATION FORM

Registration taken by _____ Date _____

How did you hear about this class? Past Student Friend Catalog Flyer Website E-News
 Radio Station: _____ Newspaper: _____ TV Station: _____

Student Name _____ Date of Birth *If student is a minor* _____

Parent/Guardian *If student is a minor* _____

Address _____

City _____ State _____ ZIP _____

Home (____) _____ Cell (____) _____ Work (____) _____

E-Mail _____

Please provide adult student or parents' e-mail address for registration confirmation and cross-reference purposes.

Are you a current member of The Arts Center? Yes No
 If not, would you like to renew or become a new member? Yes No

Membership Levels:
 \$25 | Student/Senior \$35 | Individual \$45 | Household \$75 | Supporting \$150 | Sustaining

	Class 1	Class 2
Class Title		
Class Times, Dates, Day		
Tuition	+ \$	+ \$
Studio Fee	+ \$	+ \$
Membership	+ \$	
SUBTOTAL	\$	\$
Discounts	- \$	- \$
TOTAL	\$	\$

Cash Attached Check Attached - Check # _____ Visa MasterCard Discover

Credit Card # _____

Expiration _____ VVS _____ Name on Card _____

ADMINISTRATIVE USE ONLY

Knowledge Network
Process only studio fee.

HVCC
Do not process; give to registrar.

Aries Order # _____