

REGISTRATION FORM

SESSION: I Fall II Winter III Spring IV Summer

NAME: _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: DAY _____/_____/_____/ EVE _____/_____/_____
EMAIL: _____

CLASS #1: _____

DAY: Mon Tue Wed Thu Fri Sat Sun
TIME: Morning Afternoon Evening

CLASS #2: _____

DAY: Mon Tue Wed Thu Fri Sat Sun
TIME: Morning Afternoon Evening

For Young Adults and Children Childs Age: _____
PARENT/GUARDIAN Full Name: _____ Relationship: _____
Emergency Contact PHONE: _____/_____/_____
COURSE/s TOTAL COST: \$ _____
Senior Citizens 10% Discount (*FULL CLASS ONLY) \$ _____
*No discount on workshops and summer classes.
YEARLY MEMBERSHIP DUES (*due 1st September*) \$ _____

Children: \$20 Teens: \$25 Seniors: \$30 Adults: \$35 Family: \$50
Yes, I would like to help the Art Center! I'm enclosing a tax deductible contribution of: \$ _____
TOTAL AMOUNT PAID \$ _____

For Office use only:

Credit Card No. _____/_____/_____/ Check No. _____/ Cash: \$ _____/_____
Date of Payment: _____/_____/_____/ (mm/dd/yy)

WITHOUT EXCEPTION, ALL FEES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION
Please make checks payable to:
Art Center of Northern New Jersey
250 Center Street, New Milford, NJ 07646
Questions? Call (201) 599-2992 or
Visit our website: www.artcenter-nnj.org

