

# Winter Class Registration Form 2012

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth (if under 18) \_\_\_\_\_

Name of Parent / Guardian (if child) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell  Business Phone Number for emergencies (Select one) \_\_\_\_\_

Email Address \_\_\_\_\_

## COURSE INFORMATION

Class / Workshop Name \_\_\_\_\_ Code \_\_\_\_\_ **Cost** \_\_\_\_\_

Class / Workshop Name \_\_\_\_\_ Code \_\_\_\_\_ **Cost** \_\_\_\_\_

Class / Workshop Name \_\_\_\_\_ Code \_\_\_\_\_ **Cost** \_\_\_\_\_

Class / Workshop Name \_\_\_\_\_ Code \_\_\_\_\_ **Cost** \_\_\_\_\_

May not be combined

WHYY(5%) / WXPN(5%) / Senior (10%) **-Discounts Please enter WHYY or WXPN Membership ID above**

**Class / Workshop Total**

Membership Type \_\_\_\_\_ **Dues** \_\_\_\_\_

**Yes, I would like to contribute \$1 for CCAA's Outreach Programs** **\$1**

**Total Amount**

**CCAA is trying to "Go Green." Please sign up to receive correspondence via e-mail. Write your e-mail address above and check "Go Green" below.**

**"Go Green"**

Thank you for your support of CCAA and the arts!

### PAYMENT

Please charge my Visa / MasterCard / American Express \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp ( \_\_ / \_\_ )

I have enclosed CASH \_\_\_\_\_

I have enclosed a CHECK (# \_\_\_\_\_ ) Signature for Credit Cards

Please complete this form and return it to Chester County Art Association / 100 North Bradford Avenue / West Chester , PA 19382 for Credit Card or Check payment. For credit card payment, call the office (610.696.5600) to register over the phone or fax your form to 610.918.1327.

OFFICE USE ONLY Date Received: \_\_ / \_\_ / \_\_ Fax Ph Mail WI Auth # \_\_\_\_\_ Ref Auth # \_\_\_\_\_