

REGISTRATION

Winter / Spring / Summer / Fall circle one.

STUDENT INFORMATION

COURSE INFORMATION

Student Name _____ Date of Birth (if under 18) _____

Class / Workshop Name _____ Code _____ Cost _____

Student Name _____ Date of Birth (if under 18) _____

Class / Workshop Name _____ Code _____ Cost _____

Name of Parent / Guardian (if child) _____

Class / Workshop Name _____ Code _____ Cost _____

Street Address _____

Class / Workshop Name _____ Code _____ Cost _____

City _____ State / Zip _____

May not be combined
WHYY(5%) / WXPB(5%) / Senior (10%) **-Discounts Please enter WHYY or WXPB Membership ID above**

Home Phone Number _____

Class/Workshop Total

Cell Business Phone Number for emergencies (Select one)

Membership Type _____ **Dues**

Email Address _____

\$1

for CCAA's Outreach Programs

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.