

# Class Registration

date rcvd: \_\_\_\_\_ by: \_\_\_\_\_ pd: \_\_\_\_\_

Student Name: \_\_\_\_\_

*For students under 18*

Student Age: \_\_\_\_\_ Contact Number in case of an Emergency: \_\_\_\_\_

Can we photograph your child for the news media and The Strand Center for the Arts promotional purposes? Yes No

Class Title, Date & Time Course Materials Subtotal

Class Title, Date & Time	Course	Materials	Subtotal
Are you a member? Yes No Would you like to become a member or make a donation? Please select a membership type: <input type="checkbox"/> Student/Senior.....\$25 <input type="checkbox"/> Artist Member.....\$60 <input type="checkbox"/> Bronze Patron.....\$500 <input type="checkbox"/> Individual.....\$50 <input type="checkbox"/> Arts Organization.....\$100 <input type="checkbox"/> <b>Donation</b> .....\$____ <input type="checkbox"/> Family.....\$75 <input type="checkbox"/> Patron.....\$250 <input type="checkbox"/> Sustaining Member \$____			

Please tell us about yourself:

**Total Amount Due:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Today I will be paying by:

Check    Cash    Visa/Mastercard   Sec Code: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

The Strand Center for the Arts, 23 Brinkerhoff St, Plattsburgh, NY 12901

Where did you hear about us?  Our Website    Facebook    Newspaper: \_\_\_\_\_

Other: \_\_\_\_\_