

# CITYARTS

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## REGISTRATION FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

VISA \_\_\_\_\_  
MC \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Authorization # \_\_\_\_\_

Name as it appears on the card:

Check if NEW STUDENT

Class #	Class name, day, time	Participant	Bday/Adult	M/F	\$	# on chart

today's date \_\_\_\_\_ initial \_\_\_\_\_

Check # \_\_\_\_\_

cash \_\_\_\_\_