

S.A.M. Registration Form (or register at www.helenday.com)

Student Name _____ Age _____

Parent/Guardian Name (if under 18) _____

Address _____

Phone # _____ Email _____

Class(es) _____

Education Scholarship Fund Donation \$ _____ Thank You!

Classes Total \$ _____

Become a member and receive 10% off of class prices!

____ Individual \$50.00 ____ Family \$75.00

____ Individual Lifetime \$600.00 ____ Family Lifetime \$750.00

Total Due \$ _____

Please Make Checks Payable to the
Helen Day Art Center

We also accept credit cards (VISA/MC)

Credit Card # _____

Exp. Date _____

Name on Card _____

Signature _____