

# HDAC CLASS REGISTRATION FORM

STUDENT NAME \_\_\_\_\_ AGE (IF UNDER 18) \_\_\_\_\_

PARENT/GUARDIAN NAME (IF UNDER 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CLASS(ES) \_\_\_\_\_

CLASS TOTAL \$ \_\_\_\_\_ DISCOUNT:  MEMBER  EARLY BIRD - OTHER: \_\_\_\_\_

WOULD YOU LIKE TO MAKE A DONATION TO OUR EDUCATION FUND? \$ \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CLASS?  HELENDAY.COM  HDAC MAILER  HDAC E-NEWSLETTER

STOWE REPORTER  SEVEN DAYS  SES GREEN LETTER  WORD OF MOUTH

TOTAL DUE \$ \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO:  
*HELEN DAY ART CENTER*

WE ACCEPT VISA OR MASTERCARD

FOR OFFICE USE ONLY

PAYMENT RECEIVED

PAYMENT TYPE

CHECK #  CASH  
 CREDIT CARD  PAYPAL

C.C.# \_\_\_\_\_

REGISTRATION PROCESSED BY: \_\_\_\_\_  EXCEL  
 LIFELINE

Helen Day Art Center