



Children's Summer Art Classes

REGISTRATION FORM

Please fill out completely.

Participant's Name _____ Age _____

Parent/Guardian _____ Relationship _____

Address _____

Email _____

Telephone (home) _____ (work) _____

(cell) _____

Session: Please circle one.

SESSION ONE

SESSION TWO

***Full payment of \$120 is due at the time of registration in order to secure a spot in the class.**

Cancellation Policy: Participants may withdraw from the class with no penalty by June 16 or July 3 (based on session). Cancellation after these dates will result in loss of class fee.

My payment is:

Enclosed in the form of a check. All checks may be made payable to Cape Fear Studios.

I would like to pay by credit card. Please send me an invoice via PayPal.

I would like to pay by credit card. Please charge the card indicated below. (This portion will be shredded as soon as payment is confirmed.)

VISA _____ MC _____

Card Number _____

Expiration Date _____