

ART CLASS/WORKSHOP REGISTRATION FORM



Student Name:				
If student is under 18, Parent/	'Guardian Name:			
Email address:		Phon	Phone/Cell phone:	
Address:				
Membership status: Non-I	Vember	Current	New	Renewal
Membership Options: Single-S	\$45 or Family-\$65 o	or High School/College	e student-\$15 amo	ount: \$
New Students: Where did you	hear about this cla	iss?		
Class Title and Instructor:				
Class Dates	Class Fee	e \$		
Class Title and Instructor:				
Class Dates Class Fee \$		e\$		
Total Class Fees + Membershi	p Fees = \$			
Payment Method – Check#	(payable to W	/CAC)	_Credit Card (Visa	, MC, Discover, Amer. Exp.)
Credit Card Number:			CSC:	Exp. Date
Name as it appears on the car	d:			
Signature:				

- Payment is due before start of class/workshop.
- Please include payment with your form and deliver it to the Art Center, or mail to WCAC, P.O. Box 388, Williamsburg, VA 23187.
- Do not mail Cash deliver with completed form to the Art Center
- Please call 757-229-4949 or email <u>visitwcac@gmail.com</u> for further information.

WCAC's Art Ed Program is supported in part by grants from Williamsburg Area Arts Commission, York County Arts Commission, and Virginia Commission for the Arts.