



Registration Form

__ Fall __ Spring __ Summer __ Session 1 __ Session 2

Student Name: _____ DOB: _____ Parent/Guardian Name: _____

Mailing Address: _____

City/State: _____ Zip: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name & Phone: _____

Person & Phone # to Contact for Same-Day Class Cancellations: _____

How did you hear about us? Print Ad Radio Ad Newspaper Calendar Website Other _____

Referred by Friend, Name of Friend: _____

Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____
Class: _____	Day/Time: _____	Cost: _____

I give MoCo Arts permission to use images taken of the person listed on this registration form for promotional purposes, including but not limited to: press releases, advertisements, brochures, MoCo Arts website, and videography of performances. I also give my permission for the use of images taken by Steve Holmes to be used on his website (www.steveholmesphotography.com) or promotional pieces for his business.

Signature for photo release

Date

FOR OFFICE USE ONLY

___ Pay in full at registration ___ Pay 25% balance by 1st class

Amount Paid: _____ Balance: _____

Gift to Scholarship Fund: _____

Discount Amount: _____

Subtotal: _____

Discount Type: ___ Senior or College ___ Employment ___ Health Insurance ___ Multiple Class/Family Total: _____

Payment Detail: ___ Cash ___ Check Check#: _____ Credit Card

MC/Visa#: _____ Cardholder Name: _____ Exp. Date: _____