

CLASS REGISTRATION FORM

<i>Student Name:</i>	<i>Phone #:</i>
<input type="checkbox"/> <i>Adult</i> <input type="checkbox"/> <i>Teen</i> <input type="checkbox"/> <i>Child</i> <i>Age:</i> _____	<i>Emergency Phone #:</i>
<i>Address:</i>	<i>City/State:</i>
<i>Email:</i>	<i>Date:</i>

Signature of parent of minor student: _____

Course #	Course Title	Start/End Date	Class Tuition
Total:			

PAYMENT DUE AT TIME OF REGISTRATION

Cash Check Credit Card

Please make your check out to: HVAA

Send registration and check for tuition to the Hillsboro Visual Art Association,
 PO Box 3344, Hillsboro, OR 97123. Credit card or cash payments must be made at the Gallery,
 136 SE Third, Hillsboro, 97123, or you may call the gallery at 503-693-0401 to give credit card info.

Office use only

Payment received by: _____

Date payment received: _____