

REGISTRATION FORM

All students **MUST** fill out this form.
Mail or fax to: **Garrison Art Center**
P.O. Box 4, Garrison, NY 10524
Fax 424-4711

Student Name _____

Parent Name (if under 18) _____

Address _____

Home phone _____

Cell _____

E-mail _____

Please Help us GO GREEN by providing an e-mail!

Course/Workshop Title	Tuition Fee	Mat. Fee

Totals: _____

Total Tuition \$ _____

Total Fees \$ _____

Total \$ _____

**Please call 845.424.3960 to inquire about member discounts.
OR sign up now!**

- | | |
|---|--|
| <input type="checkbox"/> Artist/Individual \$45 | <input type="checkbox"/> Supporter \$250 |
| <input type="checkbox"/> Family/Dual \$75 | <input type="checkbox"/> Patron \$500 |
| <input type="checkbox"/> Contributor \$150 | <input type="checkbox"/> Benefactor \$1000 |

Enclose check made out to **Garrison Art Center** or provide credit card information below:

Amt. \$ _____

Credit Card # _____ Exp. _____

(Visa or MasterCard only)

Signature _____

Garrison Art Center

