

REGISTRATION FORM

ADULT NAME OR PARENT NAME

DAY TELEPHONE NUMBER

ADDRESS

EVENING TELEPHONE NUMBER

CITY

STATE

ZIP

CELL TELEPHONE NUMBER

CHILD'S NAME

AGE

EMAIL ADDRESS

NOTE ANY ALLERGIES, MEDICAL CONDITIONS, OR IF YOU NEED WHEELCHAIR ACCESS OR ACCOMMODATION OF OTHER SPECIAL NEEDS*

**The Arts Castle's main level is handicapped accessible. We encourage the involvement of children and adults with special needs; we do our best to ensure that our students with mobility challenges are accommodated in classrooms on the main level. Please let us know of any special needs or health conditions at registration so that we can prepare for your arrival.*

CLASS #

CLASS NAME

DAY/TIME

FEE

CLASS #

CLASS NAME

DAY/TIME

FEE

CLASS #

CLASS NAME

DAY/TIME

FEE

CLASS #

CLASS NAME

DAY/TIME

FEE

PAYMENT: We accept cash, checks payable to The Arts Castle, Visa, or Mastercard.

SUBTOTAL _____

MEMBERSHIP (OPTIONAL) _____

MAIL TO: The Arts Castle, 190 West Winter Street, Delaware, OH 43015

TOTAL ENCLOSED _____

CREDIT CARD PAYMENT INFORMATION

CARD NUMBER

EXPIRES

SIGNATURE