

BUCHANAN ART CENTER
Buchanan, Michigan

CLASS REGISTRATION FORM

Date _____

Name _____

Adult Teen Child Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

e-mail address _____

Member Non-member

NOTE: Members receive a 10% discount on the tuition portion of class fee. DISCOUNT DOES NOT APPLY TO MATERIALS FEE. Membership application may be included with the registration form.

Class Title _____

Date of First Class _____

Total Cost \$ _____

PLEASE RETURN THIS FORM BY THE REGISTRATION DEADLINE, IF ANY,
OR TWO WEEKS BEFORE THE CLASS MEETS.

I grant permission to the BAC to take photographs of me or my child for use in promotional materials including printed media and web applications. I authorize this use indefinitely without compensation to me.

Signed _____