

Class Registration

date rcvd: _____ by: _____ pd: _____

Student Name: _____

Student Date of Birth: ____/____/____ Emergency Contact #: _____

Can we photograph your child for the news media and The Strand Center for the Arts promotional purposes? Yes No

Class Title, Date & Time	Course	Materials	Subtotal
Are you a member? Yes No Would you like to become a member or make a donation? Please select a membership type: <input type="checkbox"/> Student/Senior.....\$25 <input type="checkbox"/> Artist Member.....\$60 <input type="checkbox"/> Bronze Patron.....\$500 <input type="checkbox"/> Individual.....\$50 <input type="checkbox"/> Arts Organization.....\$100 <input type="checkbox"/> Donation\$____ <input type="checkbox"/> Family.....\$75 <input type="checkbox"/> Patron.....\$250 <input type="checkbox"/> Sustaining Member \$____			

Please tell us about yourself: **Total Amount Due:** _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Today I will be paying by:

Check Cash Visa/Mastercard Sec Code: _____

Card #: _____

Exp Date: _____ Billing Zip: _____ **Total Amount:** _____

Name on Card: _____

Signature: _____

The Strand Center for the Arts, 23 Brinkerhoff St, Plattsburgh, NY 12901

Where did you hear about us? Our Website Facebook Newspaper: _____

Other: _____

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