

MYSTICARTSCENTER

CREATIVITY CULTURE COMMUNITY

CLASS & MEMBERSHIP REGISTRATION FORM

(If registering a child, please complete the *Emergency, Medical, and Legal Consent form*).

CONTACT INFORMATION

Today's Date _____

Name _____
(If registering for a youth or child, name of adult responsible for him/her)

Mailing address _____

Zip Code _____ E-Mail _____

Phone (H) _____ (W) _____ (C) _____

Emergency Contact _____ Phone _____

CLASS REGISTRATION

Class Policy and Registration Information is posted on our website. Please read and familiarize yourself with our policies, including the publicity policy.

Name of Student	Date and Title of Class	Class Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

(Child Registration Only)

Emergency and Medical Information: Have you filled out a MAC Emergency, Medical, and Legal Consent form in the last year? YES NO (please fill out form)

If yes, has any of the information changed? YES (please fill out a new form) NO

MEMBERSHIP INFORMATION, if adding membership

New Member Membership Renewal Membership Dues

Membership Type

- | | | |
|---|--|----------|
| <input type="checkbox"/> Junior (under 18) \$15 | <input type="checkbox"/> Sustaining \$250 | \$ _____ |
| <input type="checkbox"/> Individual \$35 | <input type="checkbox"/> Patron \$500 | |
| <input type="checkbox"/> Family \$45 | <input type="checkbox"/> Benefactor \$1000 | |
| <input type="checkbox"/> Donor \$100 | <input type="checkbox"/> Elected Artist \$40 | |
| If Junior members, list birth dates 1. ___/___/___ 2. ___/___/___ | | |

Total Charge \$ _____

PAYMENT Credit Card (Visa/MC) Check (made payable to Mystic Arts Center)

Name (as it appears on card) _____

Card # _____

Card Expiration Date ____ / ____ / ____

Signature _____

Mail to: Education Department, Mystic Arts Center

Or 9 Water Street, Mystic, CT 06355

Fax to: (860)536-0610

For office use only:

Data Entry date/init. _____

Check # OR Approval Code: _____