

# 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

Junior (under 18) \$20

Sustaining \$250

\$ \_\_\_\_\_

Individual \$40

Patron \$500

Family \$50

Benefactor \$1000

Donor \$100

Elected Artist \$45

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: \_\_\_\_\_