

PERSONAL INFORMATION

STUDENT NAME: _____ AGE (FOR CHILDREN): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

students who provide a valid email address will receive a confirmation of their class registration via email when their registration is processed

NAME OF CLASS	DAY OF THE WEEK / START DATE	TIME	COURSE FEE
TOTAL DUE			

PAYMENT INFORMATION

I WILL BE PAYING BY: (please check one) TOTAL PAID: _____

CASH # _____ CHECK CREDIT CARD (see below)

CREDIT CARD #: _____ EXPIRATION DATE: _____ / _____

NAME ON CARD: _____ BILLING ZIP CODE: _____

MEMBERSHIP INFORMATION - Saratoga Arts' members receive discounts on classes, members-only exhibition opportunities and much more!

ARE YOU A CURRENT MEMBER OF THE SARATOGA ARTS? YES NO

IF NOT, WOULD YOU LIKE TO BECOME A MEMBER? (see below) YES NO

MEMBERSHIP LEVELS - circle one

FOR INDIVIDUALS

- SENIOR/STUDENT \$35
- FRIEND \$50
- SENIOR FAMILY \$60
- FAMILY/DUAL \$75
- ASSOCIATE \$100
- INNOVATOR \$200
- CREATOR \$500

FOR BUSINESSES & NON-PROFITS

- FRIEND \$50
- ASSOCIATE \$100
- INNOVATOR \$200
- CREATOR \$500
- PARTNER \$1000
- LEADER \$2000

AREA OF ARTS INTEREST: _____

IF YOU ARE AN ARTIST, WHAT IS YOUR DISCIPLINE? _____

IF SOMEONE IS LOOKING FOR AN ARTIST IN YOUR DISCIPLINE, MAY WE GIVE OUT YOUR CONTACT INFORMATION? YES NO