

2017 registration

Mail or bring in completed registration form to Saratoga Arts, 320 Broadway, Saratoga Springs NY 12866

PERSONAL INFORMATION

STUDENT NAME: _____ AGE (for children): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Students who provide a valid e-mail address will receive confirmation of registration when their registration is processed.

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

I WILL BE PAYING BY (please circle one):

TOTAL PAID: _____

**Payment will be processed upon receipt.*

CASH

CHECK#

CREDIT CARD (see below)

CREDIT CARD #: _____ EXPIRATION DATE: ____ / ____

NAME ON CARD: _____ CCV (3 DIGIT CODE ON BACK OF CARD): _____

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



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