

COMMUNITY SCHOOL FOR THE ARTS 2010 REGISTRATION

Please duplicate for multiple names

Date _____

Child Registration: 17 and under

Student Name _____ Age _____

Parent/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

E-Mail Address of Parent/Guardian

Date of Birth of Student / / Current Grade _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Does your child have any special needs? _____

Who will be picking up your child after class? List all possible names and contact numbers.

Adult Registration: 18 and up

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Cell _____

E-Mail Address _____

Payment

_____ Total Amount ___ Check (Mail or drop off) ___ Credit Card (Phone or fax)

___ Visa ___ MasterCard ___ Discover ___ American Express

Card # _____ Exp. Date: _____

Print name as it appears on card: _____

Signature _____

Spring 2010 CSA CLASSES & WORKSHOPS

Fill in information for all classes you are registering for

Course Name	Fee \$
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Course Name	Fee \$
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Course Name	Fee \$
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Course Name	Fee \$
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Course Name	Fee \$
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Course Name	Fee \$
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Course Name	Fee \$
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Total of Fees \$

This form may also be used to register for other classes and workshops offered at the Arts Council of Greater Baton Rouge's web site www.artsbr.org

Mail payment and both pages of form to:

Arts Council of Greater Baton Rouge • 427 Laurel Street, Baton Rouge, LA 70801
Attn: Robin Phone: 225.344.8558 FAX: 225.344.7777