

Date: _____

REGISTRATION FORM

Student's Name: _____

Child's Date of Birth: _____
(If student is younger than 18 years.)

Parent's Name: _____
(If student is younger than 18 years.)

Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

For Office Use Only:

Payment auth. _____

Date Received: _____

Entered in Database: _____

Materials List: _____

Join MKAC for Class Discounts!

Student/Senior \$35 Adult \$45 Family \$65

Add \$10 tax-deductible donation = 15% of (1) child's art class

I am already an Art Center Member.

Course Title	Course ID#	Tuition	Add'l fees
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TOTAL _____

I would like to charge the total to my: Visa Mastercard

Card Number: _____

Expiration Date: _____

**Please send to: Maude Kerns Art Center
1910 E. 15th Ave. Eugene, OR 97403**

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