



2011-2012 REGISTRATION FORM

Please enclose payment and mail to: Munroe Center for the Arts, 1403 Massachusetts Avenue, Lexington, MA 02420
You may also register by PHONE by calling 781.862.6040, FAX your registration to 781.674.2787, ONLINE at www.munroecenter.org.

Student's name _____ Date: _____

Gender: M or F If under 18: Date of Birth _____ Grade ____ School _____

Parent/Guardian's name _____

If you have previously taken a class through Artspan, please check here []

Address _____

Town/city _____ State _____ Zip _____

Home phone () _____ Cell/Work phone () _____

E-mail address _____

[] Yes, I agree to allow Artspan to take and use photographs, slides, and recordings of myself and/or my child for records or public relations.

Student or Parent/Guardian Signature (if under 18) _____

Table with 6 columns: COURSE#, COURSE - VACATION ARTS - WORKSHOP, Day & Time, Tuition, Materials/ Extended Day Fee, SUBTOTAL. Includes a row for REQUIRED: BUILDING RESTORATION FEE 2011-12 and a row for TOTAL TUITION/EXTENDED DAY & MATERIALS FEES/BRF TOTAL.

Payment by: []Cash []Check []Visa []Mastercard Card # _____

Cardholder's name _____ Exp. Date _____

Signature _____ CSC/CVV (3 digit code on back of card) _____