

REGISTRATION FORM

***To register:** EMAIL a registration form to thevoiceofartorg@gmail.com

Or drop off with your check at: **THE VOICE OF ART GALLERY & STUDIO**

Two Town Center Plaza, Cheshire CT 06410

*Any questions please contact us at thevoiceofartorg@gmail.com or call us at 203-379-0015

Name in Full: Last: _____ First: _____ Middle: _____

Address: _____ **Phone Number:** _____

Email: _____

Date of Birth: (if under 18 years old) ___/___/___

Name of Parent/Guardian: _____

THE VOICE OF ART Member: (Circle one) Yes _____ No _____

Method of Payment: (Circle One) Cash _____ Check _____ (**Payable to 'The Voice of Art'**)

PayPal _____ (ID: thevoiceofartorg@gmail.com)

1. **Course Title:** _____ **Price:** _____

Day: _____ **Time:** _____

2. **Course Title:** _____ **Price:** _____

Day: _____ **Time:** _____

3. **Course Title:** _____ **Price:** _____

Day: _____ **Time:** _____

Please Include my Membership of \$ _____

TOTAL AMOUNT:

SIGNATURE: _____ **DATE:** ___/___/___