

Course Registration Form

Student Information

Name (s) of students taking class _____

Address _____
(street) (city) (state) (zip)

Phone _____ Email _____

Course Information

Class you plan on taking _____

Class day/time (if more than one section is offered) _____

Choose from:

- Adult course
- Parent/Child course Age of child _____
- *Child course Age of child _____
- Family course How many taking course _____ Children's age _____

* Parent's name _____

Parents address/phone if different from child _____

Return this form along with a \$30 deposit. Make check out to "The Folk Art Center" and mail to:
Cheryl Heck
1469 South Mountain Rd.
Dillsburg, Pa. 17019

Note: Balance of payment due on the first class along with class material fee.

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For office use only:

Course Cost _____
Material Fee _____
Total Cost _____
Deposit - _____
Balance Due _____