

CLASS REGISTRATION FORM

Please print. One form per registrant. Photocopies are fine!

- **Additional family members enrolling in the same class receive a 50% tuition discount**
- **Tuition fees include materials except where otherwise noted**
- **Need based scholarships are available**

Date _____

Registrant Name _____

Age if under 18 _____ If Minor, Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____

E-mail Address _____

CLASS NAME _____ FEE _____

CLASS NAME _____ FEE _____

TOTAL FEE _____

Check is enclosed (please make payable to FAVA)

Please bill my credit card: VISA MC AmEx Discover

Account Number _____ Exp. Date _____

Signature _____

Please return this completed form to:

FIRELANDS ASSOCIATION FOR THE VISUAL ARTS

New Union Center for the Arts – Suite 210, 39 S. Main St., Oberlin, OH 44074

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