

Eureka Springs School of the Arts - 2017



Date: _____

New Participant: OR
 Returning Participant:
 (please check one)

Mailing Address:
 PO Box 657
 Eureka Springs, AR
 72632

Campus Location:
 15751 HWY 62W
 Eureka Springs, AR 72632
 (479)253-5384
www.essa-art.org

 FIRST NAME LAST NAME EMAIL

 STREET ADDRESS CITY STATE ZIPCODE

PREFERRED PHONE # _____

Is student 18 years of age? YES NO -- If no, provide the following: _____
 PARENT/GUARDIAN NAME PARENT/GUARDIAN PHONE #

	SESSION	WORKSHOP TITLE / INSTRUCTOR	DATES	TUITION	MODEL FEE – if appl.
1					
2					
3					

Method of Payment

Cash Check Money Order or
 Credit Card (Visa, MasterCard only)

Credit Card #: _____

CVV2: _____ Expiration Date: _____

Cardholder's Name: _____

Class Payment Information

Total Tuition \$ _____

- 10% Discount, if applicable - \$ _____

Total Due: \$ _____

Amount Paid, (date : _____) \$ _____

Balance Due: \$ _____

Preferred method of communication:

EMAIL _____

US MAIL _____

ESSA Employee initials:
