

Eureka Springs School of the Arts Registration Form

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:

Preferred method of communication:
 Email _____ US Mail _____
 (please check one)

 GUARDIAN NAME PARENT/GUARDIAN PHONE #

	WORKSHOP TITLE	INSTRUCTOR	DATES	TUITION
1				
2				
3				

Method of Payment
 Check Money Order or Credit Card
 Credit Card #: _____
 CVV2: _____ Expiration Date: _____
 Cardholder's Name: _____

Class Payment Information
 Total Tuition: \$ _____
 Total Due: \$ _____
 Amount Paid: (date: _____) \$ _____
 Balance Due: \$ _____

If workshop is located at Community Center, enter ESCC member number for discount:
 ESCC Member Number:
