

Eureka Springs School of the Arts



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 #

	WORKSHOP TITLE	INSTRUCTOR	DATES	TUITION
1				
2				
3				

Method of Payment

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

Credit Card #: _____

CVV2: _____ Expiration Date: _____

Cardholder's Name: _____

Class Payment Information

Total Tuition: \$ _____

- 10% Discount, if applicable - \$ _____

(See previous page for discount info)

Total Due: \$ _____

Amount Paid: (date: _____) \$ _____

Balance Due: \$ _____

Preferred method of communication:

EMAIL _____

US MAIL _____