

# 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](http://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: \$ \_\_\_\_\_  
 - 10% Discount, if applicable - \$ \_\_\_\_\_  
 Total Due: \$ \_\_\_\_\_  
 Amount Paid: (date: \_\_\_\_\_) \$ \_\_\_\_\_  
 Balance Due: \$ \_\_\_\_\_

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