



## PLYMOUTH COMMUNITY ARTS COUNCIL PROGRAM REGISTRATION FORM

**Registrants**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

*if registering more than one child...*

**Sibling First Name:** \_\_\_\_\_ **Sibling Last Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

*(complete if registering a minor)*

**Parent's First Name:** \_\_\_\_\_ **Parent's Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Are you a Member?**  YES  NO *Members receive discounts on classes! See categories below.*

*How did you hear about us? ArtBeat/Splash Mailing:* \_\_\_\_\_ *School Backpack:* \_\_\_\_\_ *Other:* \_\_\_\_\_

Class Name	Date(s)	Time	Class Fee	Supply Fee	Total
<i>Membership Fee (if applicable)</i>					
<b>Grand Total:</b>					

**Payment Type:** **Cash:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Visa** \_\_\_\_\_ **MC** \_\_\_\_\_ **Discover** \_\_\_\_\_ **Amex** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **V Code** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
*(3 digit code from back of card)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>MEMBERSHIP CATEGORIES</b>			
<b>Student</b>	\$ 30.00	<b>Business</b>	\$ 150.00
<b>Artist</b>	\$ 40.00	<b>Contributing</b>	\$ 200.00
<b>Individual</b>	\$ 50.00	<b>Patron</b>	\$ 500.00
<b>Family</b>	\$ 80.00	<b>Sponsor</b>	\$1,000.00
<b>Non-Profit</b>	\$ 125.00		

<b>PCAC REFUND POLICY</b>
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One month before first day of class.....Full Refund  
 Three weeks prior to first day of class.... 50% Refund  
 Two weeks prior to first day of class.....25% Refund  
 Less than two weeks prior to first day.....No Refund

For internal use only:

**Staff Initial:** \_\_\_\_\_ **Confirmation/Medical/Photo form sent:** \_\_\_\_\_ **QB entry:** \_\_\_\_\_