



ART CLASS/WORKSHOP REGISTRATION FORM

Please complete this registration form fully, save as a document on your computer, and email as an attachment to **visitWCAC@gmail.com**. Payment is due before the start of the class/workshop.

Student Name: _____

If student is under 18 yr., Parent/Guardian Name: _____

Email address: _____ Phone/Cell phone: _____

Address: _____

Membership status: current _____ new _____ renewal _____

Membership Options: Single-\$45 or Family-\$65 or High School/College student-\$15 amount: \$ _____

New Students: Where did you hear about this class? _____

Class Title and Instructor: _____

Class Dates _____ Class Fee \$ _____

Class Title and Instructor: _____

Class Dates _____ Class Fee \$ _____

Total Class Fees + Membership Fees = \$ _____

Payment Method – Check# _____ (payable to WCAC) ___ Credit Card (Visa, MC, Discover, Amer. Exp.)

Credit Card Number: _____ Exp. Date _____

Name as it appears on the card: _____

Signature _____

- Payment is due before start of class/workshop.
- Please complete registration form, save as a document, and email to:
visitWCAC@gmail.com..
- Credit card information can be included above and emailed or called in to **757-229-(- 49.**
- Check can be mailed with form to **WCAC, P.O. Box 388, Williamsburg, Va., 23187** or delivered to Gallery at **110 Westover Avenue, Williamsburg.**
- **Do not mail Cash – deliver with completed form to the Gallery.**
- Please call 757-229-4949 for further information.