

*Artspace Lesson and Class
Registration Form*

Registration and payment forms are available on line at www.franklyarts.org.

Fall _____ Spring _____ Summer _____

Student's Name _____

Address _____ Home Phone _____

Town _____ State _____ Zip _____

Work Phone _____ Cell Phone _____ e-mail _____

Class/Lesson _____ Instructor _____

If private lesson, preferred day and time _____

Please complete if student is under age 18. Student's Age _____

Parent(s)
Name(s) _____

Address _____

Town _____ State _____ Zip _____

Payment Option (See Policies and Procedures) Option I Option II Option III
* (circle one)

Class/Lesson Fee \$ _____

Minus 5% Artspace Donor Discount \$ _____

Registration Fee (See Policies and Procedures) \$ _____

*Payment Plan Fee (Option II and III) \$ _____

Total \$ _____

_____ Please send me information regarding scholarships/financial aid. (Submit a financial aid form on line at www.franklyarts.org.)

Please charge my fee to Visa or MasterCard # _____

Expiration Date _____ Signature _____

Make checks payable to: **Artspace Community Arts Center.**

Mail to: **Artspace, 15 Mill Street, Greenfield, MA 01301.**

Or fax registration to **413-772-6800 with credit card number.**