

# Art Works - Chocorua Creative Arts Center

## CLASS APPLICATION

Registered Course: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Name of person taking class or parent/guardian)

Phone (H): \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Address (mailing): \_\_\_\_\_

Local Address: \_\_\_\_\_

Are you an artist? ( ) Beginner ( )  
Experience \_\_\_\_\_

How did you hear about this Art Works Course?  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be added to our email list to get info on new classes, shows and  
events? ( ) YES ( ) No Thanks ( ) I'm already getting emails from Art Works

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AMOUNT..PAID \$ \_\_\_\_\_ Date: \_\_\_\_\_ Other \_\_\_\_\_

Method of Payment: Cash ( ) Check ( ) Credit Card ( ) Sales Slip Number: \_\_\_\_\_

Member who took this information: \_\_\_\_\_

