
THE TROUT MUSEUM *of* ART



CLASS REGISTRATION FORM

Student Name: _____ Age (if child): _____

Parent/Guardian Name (If applicable): _____

Address _____

City, State, & Zip _____

E-mail _____

Phone _____ Emergency Phone #: _____

How did you hear about us? _____

| | | |
|-------------------------------------|-------------|-------|
| Class Title and Start Date: | Instructor: | Cost: |
| Class Title and Start Date: | Instructor: | Cost: |
| Class Title and Start Date: | Instructor: | Cost: |
| Membership Purchase (if applicable) | Level: | Cost: |

Total Payment Rec'd: \$ _____

Payment:

Cash

Check

Visa

MasterCard

Check # _____

Credit Card # _____ Exp. Date _____

Name on Card _____

Signature _____