

The New School of Art – Registration

Participants Name: _____ Grade: (Fall 2011): _____ Age: _____
 Parent Name: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ Email Address: _____
 City: _____ State: _____ Zip: _____

Please send course registration and confirmation via email

Course Title	Dates	Fee
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Course Total		\$ _____
(10% discount for multiple classes)		_____
Total Amount Enclosed		\$ _____

Return this form along with payment by check or money order (payable to Adria Pope) to:
 1312 S. Black Ave, Bozeman, MT 59715. For more information or questions call (406) 599-4104, or email adriapope@gmail.com.