

2010 Fall Adult Workshops Registration Form

STUDENT INFORMATION		
Please circle one: Mr. Mrs. Ms. Miss Dr. Prof. Other _____		
First Name:		
Last Name:		
Address:		
City:	State:	Zip:
Home Phone:	Mobile Phone:	Email Address:
How did you find out about us?		

Emergency Contact Information	
First Name:	
Last Name:	
Relationship to student:	
Home Phone:	
Mobile Phone:	

Class Information (Date and Time) WAC Membership Type (if registering)	Class Fee
1)	
2)	
3)	
4)	

TOTAL ENCLOSED

Refund Policy: 3 or more weeks prior to start of classes, full refund less \$25 registration fee. Up to 2 weeks prior to start of classes, 50% refund. No refunds thereafter or due to inclement weather. The Watchung Arts Center reserves the right to cancel a class with low enrollment or to make changes in courses, instructors or scheduling.

Payment by Check or Money Order Only (please make payable to Watchung Arts Center).

You will be contacted by the Instructor prior to class.

Mail Completed Registration Forms and Payment to:

**The Watchung Arts Center
18 Stirling Road
Watchung, NJ 07069**

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