



inspire, amaze, enrich

REGISTRATION APPLICATION

Sign up for classes & workshops

Please print out application, fill out and mail or fax back today!

Personal Information

Name: _____
Address: _____
City: _____
State & Zip: _____
Phone: _____
Junior Age: _____
Parents Name: _____

Course Information

Course No: _____ Tuition: _____
Instructor: _____ Material Fee: _____
Title: _____ Model Fee: _____
Course No: _____ Tuition: _____
Instructor: _____ Material Fee: _____
Title: _____ Model Fee: _____

Membership: _____ Early Bird Special : Yes No

Payment Information

Check enclosed, payable to Visual Arts Center of New Jersey
 Please charge my credit card:

Visa MasterCard

Card Number: _____

Expiration Date: _____

Signature _____

(required for credit cards)

- Please send a Visual Arts Center of New Jersey catalog.
 Please send a Supply List.



Bringing art and people together

68 Elm Street, Summit, New Jersey 07901

Tel 908 273.9121 Fax 908 273.1457 www.artcenternj.org