**REGISTRATION FORM**

**\*To register:** EMAIL a registration form to [thevoiceofartorg@gmail.com](mailto:thevoiceofartorg@gmail.com)

Or drop off with your check at: **THE VOICE OF ART GALLERY & STUDIO**

Two Town Center Plaza, Cheshire CT 06410

\*Any questions please contact us at [thevoiceofartorg@gmail.com](mailto:thevoiceofartorg@gmail.com) or call us at 203-379-0015

**Name in Full:** Last: \_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Date of Birth:** (if under 18 years old) \_\_\_/\_\_\_\_/\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE VOICE OF ART Member:** (Circle one) Yes \_\_\_\_\_ No\_\_\_\_\_\_

**Method of Payment:** (Circle One) Cash\_\_\_\_\_ Check\_\_\_\_\_\_ **(Payable to ‘The Voice of Art’)**

**PayPal** \_\_\_\_\_ (ID: [thevoiceofartorg@gmail.com](mailto:thevoiceofartorg@gmail.com))

1. **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price: \_\_\_\_\_\_\_\_\_\_\_**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price: \_\_\_\_\_\_\_\_\_\_\_**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Price: \_\_\_\_\_\_\_\_\_\_\_**

**Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Include my Membership of $ \_\_\_\_\_\_\_**

**TOTAL AMOUNT:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_/\_\_\_\_/\_\_\_\_\_**