

REGISTER TODAY!

Classes fill early. Please print clearly and fill out completely. Materials fees listed with class description are due upon registration.

**Mail this form with payment to: Peninsula Art School
P.O. Box 304
Fish Creek, WI 54212**

Name: _____ Date: _____

Yes, I want to become a Member.

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Door County Address (if applicable): _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Please send a catalog to my friend: _____

Address: _____

City, State, Zip: _____

How did you find out about Peninsula Art School? _____

Annual Membership/Contributing Membership Fee:

\$

	Course #	Title	Member Tuition	Non-Member Tuition	Supply/Materials Fees*
Class #1					
Class #2					
Class #3					
Class #4					
Class #5					
Class #6					
Tuition Subtotal					* if listed
Gift Certificate Amount (if applicable):					
Total Tuition			\$	\$	
Total Supply/Materials Fees					\$

TOTAL AMOUNT DUE: (Membership/Tuition/Supplies/) \$

I HAVE READ AND AGREE TO THE CANCELLATION POLICY.

Check enclosed, payable to Peninsula Art School

Charge to: VISA Mastercard American Express

Name on card: _____

Account #: _____ Exp. date: _____

Signature: _____