



**CHICO ART CENTER
CLASS REGISTRATION FORM**

One form per class, per student.
Please make a separate check, per class.

Name of student _____ Age if under 18 _____

Name of parents, if student is a minor _____

Are you a Chico Art Center member? _____ Do you wish to become a member? _____

Are you a Chico City _____ or County resident? _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Class Title _____

Instructor _____

Class Dates _____ Fee _____

Make checks payable to:

(Instructors Name)
450 Orange Street, Suite 6
Chico, CA 95928

Fee received by (please print) _____

Chico Art Center signature line _____

Check no _____ Cash _____

Pre-register at the Chico Art Center or by Mail.

Supported, in part, by funding from the City of Chico.

450 Orange Street, Suite #6 Chico, CA 95928
Phone: 895-8726 Hours: Wed - Sun 12-4 pm

www.chicoartcenter.com