

# The Community School of the Arts



## Registration Form

Spring 2005

Name \_\_\_\_\_  
Last First MI

Current Address \_\_\_\_\_ City \_\_\_\_\_

Current Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Course Number	Course Title	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Credit Card Payment Information:**

Type of Card (Visa, Mastercard) \_\_\_\_\_  
 Account Number \_\_\_\_\_ Ex. Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_

Registration Fee \$20.00  
 Total Fees Due \_\_\_\_\_

Make checks Payable to:  
 The Community School of the Arts at EOU

**Office Use Only**

RF-00104

Payment Varified \_\_\_\_ Payment Type (c) \_\_\_\_ (ck) \_\_\_\_ (cr) \_\_\_\_ Dep. Date \_\_\_\_\_ Acnt Updt \_\_\_\_\_  
 SI on file \_\_\_\_ Course Elgble \_\_\_\_ Course Reg \_\_\_\_  
 Studio Lsn \_\_\_\_ Type (m) \_\_\_\_ (t) \_\_\_\_ (a) \_\_\_\_ Prvt/Grp \_\_\_\_ Instr \_\_\_\_\_ Lvl \_\_\_\_\_  
 Tchr Assg \_\_\_\_\_ Schdl Day \_\_\_\_ Schdl Time \_\_\_\_\_  
 Studio Lsn \_\_\_\_ Type (m) \_\_\_\_ (t) \_\_\_\_ (a) \_\_\_\_ Prvt/Grp \_\_\_\_ Instr \_\_\_\_\_ Lvl \_\_\_\_\_  
 Tchr Assg \_\_\_\_\_ Schdl Day \_\_\_\_ Schdl Time \_\_\_\_\_  
 Studio Lsn \_\_\_\_ Type (m) \_\_\_\_ (t) \_\_\_\_ (a) \_\_\_\_ Prvt/Grp \_\_\_\_ Instr \_\_\_\_\_ Lvl \_\_\_\_\_  
 Tchr Assg \_\_\_\_\_ Schdl Day \_\_\_\_ Schdl Time \_\_\_\_\_