

REGISTRATION FORM

TALL GRASS ART SCHOOL FALL/WINTER 2009

Student Name _____

Age, if under 18 _____ Parent's Name, if under 18 _____

Address _____ City _____ Zip _____

Day Phone _____ Evening _____ e-mail _____

PLEASE COMPLETE ALL INFORMATION REQUESTED:

<u>Class Name</u>	<u>Date/Session Number</u>	<u>Fee</u>
1. _____		
2 _____		
3 _____		
4 _____		

____ Current Member ____ New Member* Total Tuition _____
Membership _____
TOTAL _____

Make checks payable to: **Tall Grass Arts Association** or charge to:

____ MasterCard	____ Visa
Acct # _____	Acct # _____
Exp. Date _____	Exp. Date _____
Security Code _____	Security Code _____
Name as it appears on Card _____	

*New Members Fee for one year:
____ \$20 Student ____ \$40 Regular

Duplicate for multiple registrations

Mail checks & registration form to:

**TALL GRASS ARTS ASSN.
P.O. BOX 776, PARK FOREST, IL 60466**