



2017 REGISTRATION FORM

How did you hear about us? _____

STUDENT INFORMATION

Student Name: Last _____ First _____

Parents' or Guardian's Name(s): Last _____ First _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Email Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Do you live in the Desert all Year? _____ if NO, which months are you here? _____

COURSES DESIRED

Class Title _____ Course _____ Date(s) _____ Cost _____

Class Title _____ Course _____ Date(s) _____ Cost _____

Class Title _____ Course _____ Date(s) _____ Cost _____

Total: _____

METHOD OF PAYMENT

Check # _____ Cash Visa MasterCard Am. Ex. Discover

***Please note: All pieces MUST be picked up within 30 days of notification.**

***ANY GREENWARE LEFT AFTER YOUR COURSE IS OVER WILL BE RECYCLED!**

REMINDER ACTIONS

Student work is ready to paint/glaze:

Called _____ Emailed _____ Date _____ Initials _____

Called _____ Emailed _____ Date _____ Initials _____

Student work is ready to pick up:

Called _____ Emailed _____ Date _____ Initials _____

Called _____ Emailed _____ Date _____ Initials _____

Notes: _____

Work has been picked up: Date _____ Initials _____

Intake by: _____ Date: _____ Database: _____ Date: _____