

Center for the Creative Arts, Inc.

410 Upper Snuff Mill Row
Yorklyn, DE 19736-0146
Tel (302) 239-2434
Fax (302) 489-0120

Class Registration Form

Student Name: _____ Age (if under 18) _____

Parent/Guardian: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (home) _____

(work) _____

Place of Employment: _____

Email address: _____

Are you a CCArts member? Yes, No

How did you hear about us? _____

Class Name/Number	Day/Time	Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
	Total Class Fee	\$ _____
	Membership Fee:	\$ _____
	Total:	\$ _____

If you would prefer, you may also call us at (302) 239-2434, and we will be glad to take your registration over the telephone.

Membership Level (check one) <input type="checkbox"/> Friend: <input type="checkbox"/> Student \$30.00 <input type="checkbox"/> Senior \$30.00 <input type="checkbox"/> Individual \$35.00 <input type="checkbox"/> Family \$60.00 <input type="checkbox"/> Benefactor: \$100.00 <input type="checkbox"/> Patron: \$250.00 <input type="checkbox"/> Curator: \$500.00 <input type="checkbox"/> Presidents Circle: \$1,000.00	Payment may be by check, made payable to CCArts, or you may charge your Visa or MasterCard: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card number: _____ Name on Card: _____ Exp. Date: _____ Signature: _____
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Are you interested in becoming a volunteer? Yes, No