

Class Registration Form



Payee Name: _____

Street/City/Zip: _____

Email Address: _____

Telephone: _____

Payment Method	Check No.	Credit Card Number	■ Visa	■ Mastercard	■ American Express, Expiration Date
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card					

Student Name	Class Title	Class Fee

Subtotal:

- Member's Discount:

- Gift Certificate:

Total Amount Paid:

Please make checks payable to:
 Round Hill Arts Center
 Mail completed form and payment to:
 Round Hill Arts Center
 Attn: Class Registrations
 Post Office Box 3
 Round Hill, Virginia 20142

Thank you for your support.