



Registration FALL 2006

Please print.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (eve.) _____

E-mail _____

Class/Workshop _____

Day _____ Time _____

Class(2nd class, not alternate) _____

Day _____ Time _____

Are you a new student at The Clay Studio? _____

If yes, how did you hear about us? Friend _____

Ad(please specify) _____

Other (please specify) _____

\$ _____ Tuition (please check one) member non-member

\$ _____ Membership Dues (optional, check one)

Individual Artist Full-time Student w/ I.D., Senior

Sustaining Other _____

\$ _____ Model/Materials Fee

\$ _____ Workshop Fee - name _____

\$ _____ Workshop Fee - name _____

\$ _____ Scholarship Donation

\$ _____ TOTAL

\$ _____ Deposit (Amount enclosed)

\$ _____ Balance Due

Mastercard Visa # _____

(Credit card payments for full tuition only)

Expiration Date _____

(I have read and understand the refund policy)

Signature _____

Please fill out

and mail to:

The Clay Studio

139 N 2nd Street,

Philadelphia PA

19106

or fax to

215-925-7774