



Fall 2011 Registration
Wednesdays 3:45 - 4:45 PM
Full Session: \$100 members and \$120 non-members

Student's Name: _____

Total amount enclosed \$ _____

Parent/Guardian _____

Charge to: (circle one)

Address: _____

Visa MasterCard AmEx

City: _____ State: _____ Zip: _____

Card Number:

Home Phone: _____ Alternate Phone: _____

Expiration Date:

Birthdate: _____ E-mail address: _____

Mail registration form and/or check to:
CARNEGIE VISUAL ARTS CENTER
P.O. Box 1591 Decatur, AL 35601
www.carnegiearts.org

Emergency Contact and Phone Number (other than parent):

For office
use only

CARNEGIE VISUAL ARTS CENTER

www.carnegiearts.org | 256-341-0562 | Tuesday - Friday 11AM - 6 PM | Saturday 10 AM - 2 PM



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