

ACAC REGISTRATION FORM

Name of Class	Dates	Cost
Multiple Class Discount*		
Would you like to donate to the ACAC Summer Scholarship Fund? (suggested amount: \$10-15)		
Checks, MasterCard, Visa Accepted	Total Enclosed	

PARTICIPANT'S NAME (1) _____ AGE _____

PARTICIPANT'S NAME (2) _____ AGE _____

PARENT'S NAME _____

MAILING ADDRESS _____ TOWN _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ HOME PHONE _____

WORK PHONE _____ CELL/OTHER _____

HOW DID YOU HEAR ABOUT ACAC? _____

CREDIT CARD # _____ EXPIRATION DATE ____/____/____

SIGNATURE _____

PLEASE MAKE CHECKS PAYABLE TO: AMHERST COMMUNITY ARTS CENTER
MAIL TO: ACAC, 534 MAIN STREET, AMHERST, MA 01002

*REGISTER FOR 3 OR MORE CLASSES AND GET \$25 OFF. LIMIT ONE DISCOUNT PER FAMILY.
 DISCOUNTS MAY NOT BE COMBINED WITH OTHER OFFERS.

(OFFICE ONLY) DATE RECEIVED:

FORM OF PAYMENT:

- Check
- Credit Card Approval # _____ Ref # _____
- Scholarship

Mailings Sent:

- Email confirmation
- Medical Forms, etc.
- Balance Due Invoice