



41 Foster Street
Arlington, MA 02474
ph: 781-648-6220
fax: 781-643-7539
www.acarts.org

registration form

winter spring summer fall

date _____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

payer information

name: _____

address: _____ city: _____ state: _____ zip: _____

home phone: _____ work phone: _____ cell phone: _____

e-mail: _____

membership (memberships valid for one calendar year—\$50/family, \$35/adult, \$25/senior)

- I am an ACA member (member rate applies) nonmember (nonmember rate applies)
- Renew/renew if expired

membership fee: \$ _____

scholarship fund

Make the arts available to all with a contribution to the Scholarship Fund!

donation: \$ _____

student information

_____	_____	_____	\$ _____
name	birthdate (if child)	course number and title	fee

_____	_____	_____	\$ _____
name	birthdate (if child)	course number and title	fee

_____	_____	_____	\$ _____
name	birthdate (if child)	course number and title	fee

total: \$ _____

payment information

† Check (payable to Arlington Center for the Arts) † Cash

† Credit Card: † Visa † MasterCard

Card Number: _____ Expiration Date: _____

Signature: _____ 3-digit code: _____

For office use only:

Date Enrolled: _____ Paid Via: Check _____ Credit Card _____ Cash _____ Deposit Date: _____

Total: \$ _____ Amount Paid: \$ _____ Amount Due: \$ _____ Credit Card Authorization #: _____

Refund : \$ _____ Date: _____ Check # _____

form rev. 10/1/08