



Jamestown Arts Center

**REGISTRATION FORM**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Parent's Name (if student under 18) \_\_\_\_\_

Student's Age (if under 18) \_\_\_\_\_

**COURSE TITLE**

**DATES**

**TUITION & MATERIALS**


**JAC Membership**

\$25 Seniors/Students

\$35 Individual

\$50 Family

\$250 Business

\_\_\_\_\_

All members receive JAC updates & newsletters, a 10% discount on classes & camps, and 10% off JAC merchandise.

**TOTAL Payment**

\_\_\_\_\_

Please make check payable to:

**Jamestown Arts Center  
P.O. Box 97  
Jamestown, RI 02835**