

Registration Form

Please complete and mail with full payment to:

Registrar, Worcester Center for Crafts ♦ 25 Sagamore Road ♦ Worcester, MA 01605

STUDENT INFORMATION

DATE _____ **New Student** **Returning Student**

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

PARENT'S NAME IF STUDENT IS UNDER AGE 18 _____ AGE OF STUDENT IF UNDER 18 _____

COURSE/WORKSHOP	SESSION	DAY/TIME	TUITION	FEES	TOTAL

PAYMENT:

Check

TUITION: \$ _____

FEES: \$ _____

MEMBERSHIP: \$ _____

GRAND TOTAL: \$ _____

Signature: _____