

Registration FORM

- Registration begins **DECEMBER 7**
- Late registrations will incur a \$25 late fee

| | | | |
|-------------|-----------------|----------------|-----|
| Date | Date of Birth | | |
| Last Name | First Name | Middle Initial | |
| Address | City | State | Zip |
| Phone (day) | Phone (evening) | Email | |

| Course # | Title | Day/Time | Instructor | Tuition | Lab/Mat Fee | Total |
|----------|-------|----------|------------|---------|-------------|-------|
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METHOD OF PAYMENT

- VISA
 Mastercard
 AmEx
 Discover
 Check*
 Cash

Name on Credit Card _____

Credit Card Number _____ Expiration Date _____

Signature _____

Check # _____ *Make checks payable to PAFA

Academy Membership Level _____ Expiration Date _____

| | |
|------------------|--|
| Tuition Total | |
| Locker | |
| Sub Total | |
| Discount* | |
| T O T A L | |

* Academy Members at the Friends Level and above receive a 10% discount (tuition only)

Have you taken a class here before?

- Yes No

How did you find out about us?

- Radio (What station?) _____
 What is your favorite station? _____
 Newspaper (Which one?) _____
 Internet (What site?) _____
 Other (Please specify) _____

How did you receive this catalogue?

- Mailed to me
 Picked it up at: _____

Are you an Academy alumnus?

- Yes No

If Yes, which program/year? _____

Please check if you would like more information about Academy Academic Programs

- Certificate Bachelor of Fine Arts
 Master of Fine Arts Post-Baccalaureate

- I am taking a course for Act 48 credit
 I am taking a course for New Jersey Dept of Ed Professional Development Credit
 I wish to enroll in the CE Core Curriculum Program
 I wish to enroll in the ACE Program for K-12 educators

For Office Use: Class Book _____ Materials _____ Database _____