

Last Name _____ First Name _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone: (_____) _____ Ext _____

Cell Phone: _____ E-Mail Address: _____

Emergency Contact Name: _____ Phone: _____

ANNUAL MEMBERSHIP FORM: JULY 1, 2011-JUNE 30, 2012

Individual _____ Family _____ Date _____ Initial _____ Method of Pmt. _____

CLASS	INSTRUCTOR	DAY	TIME	COST	PAYMENT

For Office Use Only:

Check # _____ Cash _____ CC _____

Check # _____ Cash _____ CC _____

Total: \$ _____ Member _____

Total: \$ _____ Member _____

DBASE _____
 Date _____ Initial _____

DBASE _____
 Date _____ Initial _____

Refund Policy:

- 1) Classes cancelled by HCAC – 100%
- 2) Student withdrawing before first scheduled class-100% less \$10 registration fee
- 3) Student withdrawing after the start of class- NO REFUND

IMPORTANT: The Holyoke Creative Arts Center (HCAC) assumes no responsibility for damage, fire, theft or otherwise for personal items left while participating or attending class. HCAC also assumes no responsibility for any injury incurred by the undersigned while attending or participating in any class or program at the Center.

Signature: _____ **Date** _____

I have read and agree to the policies and conditions stated above.