

Registration Form

DATE: _____

Last Name _____ First Name _____

* Mailing Address: _____

(If you have already registered this year, only put address info if CHANGED)

* City: _____ * State _____ * Zip Code: _____ - _____

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

Cell Phone: _____ E-Mail Address: _____

(If you are not receiving E-Mail notices from HCAC and would like to, give us your E-Mail Address)

Emergency Contact – NAME: _____ PHONE: _____

(Please identify the person who will be available during the time you or your child will be in class)

List Your Class Selections For One or More Semesters Below. Questions? HCAC: (413) 532-0465

Available Semesters are Fall, Winter, Early Spring, Spring and Summer

Semester	Class Title	INSTRUCTOR	DATES	DAY	TIME	COST

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MEMBER DISCOUNT: YES ___ NO ___ TOTAL CLASS COST: \$ _____

(Separate Check to "Friends of HCAC" for tax-deductible Membership) MEMBERSHIP: \$ _____

Refund Policy:

(1) Classes cancelled by HCAC - 100%

TOTAL PAID: \$ _____

(2) Student withdrawing before first scheduled class - 100% less \$10 registration fee.

(3) Student withdrawing after the start of class - NO REFUND BALANCE DUE: \$ _____

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.

For Office Use Only:

Check # _____ Cash \$ _____

policies

Total: \$ _____

T-1 T-2 Mem Dep

DBASE _____

Date Initial

Signature: _____

I have read and agree to the

and conditions stated above