



**WORKSHOP/CLASS REGISTRATION FORM**

Mailing: PO BOX 999, Highland, MI 48357  
 Walk-in: 205 W. Livingston Road, Highland 1-4 pm, W-Sat  
 Questions: (248) 889-8660, (248) 568-4526  
 Email: HVCAarts@gmail.com www.huronvalleyarts.org

|   |                 |        |                 |                          |     |
|---|-----------------|--------|-----------------|--------------------------|-----|
| Participant's Name  |                 | Email  |                 | HVCA Member ( )Yes ( )No |     |
| Street Address  |                 | City   |                 | State                    | ZIP |
| Best Phone  | Alternate Phone |        | Cell            |                          |     |
| Emergency Contact   |                 |        | Phone           |                          |     |
| Accompanying spouse/companion and/or children:                                    |                 |        |                 |                          |     |
| Course/s:   |                 |        |                 | Tuition                  |     |
|   |                 |        |                 |                          |     |
|   |                 |        |                 |                          |     |
|   |                 |        |                 |                          |     |
| VISA or MASTERCARD #:   | Exp:            | Check# | TOTAL enclosed: |                          |     |
| <b>DO NOT MAIL CASH: HVCA is open for registration Wednesday - Saturday 1-4pm</b> |                 |        |                 |                          |     |

\_\_\_\_\_  
 (Type or print name) (Signature) (Date)

\_\_\_\_\_  
 (18 or under? Name of parent or legal guardian) (Signature) (Date)