



Plymouth Guild, Inc. for the Arts
Attn: Deborah Calvert
P.O. Box 4077
Plymouth, MA 02361
Tel: 508-746-7222

CLASS REGISTRATION FORM

STUDENT INFORMATION

Please fill out form completely

Student Full Name _____ *Child's Age if under 16* _____

Parents Full Name if student in children's class _____

Address _____

Telephone _____ *Email* _____

CLASS INFORMATION

Teacher Name _____

Class Name _____

Course # _____ *Number of Sessions* _____ *Day/Date/Time of Class* _____

Class Fee: *Member* _____ *Non-Member* _____

CREDIT CARD INFORMATION

Print Cardholder Name _____

Type of Card _____ *Visa* _____ *MasterCard* _____ *Discover*

Card# _____ *Exp. Date* _____ *Security # (back)* _____

Cardholder Signature _____ *Date* _____