



STUDENT CLASS REGISTRATION FORM

PLEASE PRINT CLEARLY.
SEND YOUR COMPLETED FORM TO:

Glenhyrst Art Gallery of Brant, 20 Ava Rd., Brantford, ON N3T 5G9
• Phone: (519) 756-5932 • Fax: (519) 756-5910
All Cheques should be made payable to Glenhyrst Art Gallery of Brant

_____			_____	
*PARTICIPANT'S NAME	*AGE	*CLASS TITLE		
_____			_____	
*PARENT/GUARDIAN NAME		*START DATE OF SESSION	*CLASS FEE	
_____			_____	
*ADDRESS			* CLASS TITLE	
_____			_____	
*CITY	*PROVINCE	*POSTAL CODE	*START DATE OF SESSION	*CLASS FEE
_____			_____	
*TELEPHONE (HOME)		* (CELL)	*EMAIL	

***PLEASE READ: I hereby give permission for my child to be photographed for publicity/advertising purposes.**

*SIGNATURE

Become a member of Glenhyrst Art Gallery at registration and pay the Member's class fee.
(Junior/Youth/Senior - \$20; Individual - \$30; Family - \$40)

MEMBERSHIP FEE: \$ _____ TOTAL PAYMENT: \$ _____

PAYMENT METHOD: CASH CHEQUE DEBIT VISA MASTERCARD

*CARD NUMBER *EXPIRY DATE

*SIGNATURE