



Registration Form

PRE-REGISTRATION IS REQUIRED FOR ALL CLASSES

Student's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Email _____

Name of Class _____

Instructor's Name _____

(please check one) New student Returning student

How did you hear about our classes? _____

- If under 18 a parent or guardian's signature is required -

Parent/Guardian's Name _____

Student's Age _____ School attending _____

PAYMENT METHOD (please check one) Check Mastercard Visa

Name as it appears on card _____

Credit Card # _____ Exp. Date _____

TOTAL AMOUNT INCLUDED OR CHARGED \$ _____

**MAIL REGISTRATION FORM
WITH PAYMENT TO:**

**Buffalo Arts Studio
2495 Main Street - Suite 500
Buffalo NY 14214
Attn: Education Coordinator**

Q U E S T I O N S ? 7 1 6 . 8 3 3 . 4 4 5 0 x 1 1