



## 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  PayPal

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**