

Classes fill early. Please print clearly and fill out completely. Registrations are accepted by mail or phone. Mail this form to:

PENINSULA SCHOOL OF ART

P.O. Box 304
 Fish Creek, WI 54212
 Phone: 920.868.3455

Name: Date:
Billing Address:
Billing City, State, Zip
Phone:
Email:
Mailing Address (if different from billing):
Mailing City, State, Zip

Course ID	Title	Member Tuition	Non-Member Tuition
Tuition Subtotal			
Gift Certificate Amount (If applicable, please enclose certificate with registration)			
Total Tuition			
Annual Membership/Contributing Membership			
TOTAL AMOUNT DUE (Membership & Tuition)			

- I have read and agree to the registration policies.
 Check enclosed, payable to Peninsula School of Art or Charge to: VISA MasterCard Discover

Name on card:	Exp. Date:
Account #:	CVV:
Signature:	