



41 Foster Street
Arlington, MA 02474
ph: 781-648-6220
fax: 781-643-7539
www.acarts.org

registration form

winter spring summer fall
date_____

HOW DID YOU HEAR ABOUT THIS PROGRAM? _____

student information

_____ \$ _____
name birthdate (if child) course number and title fee

_____ \$ _____
name birthdate (if child) course number and title fee

_____ \$ _____
name birthdate (if child) course number and title fee

membership (memberships valid for one calendar year—\$50/family, \$35/adult, \$25/senior)

- I am an ACA member (member rate applies) nonmember (nonmember rate applies)
 Renew/renew if expired

membership fee: \$ _____

scholarship fund

Make the arts available to all with a contribution to the Scholarship Fund! donation: \$ _____
total: \$ _____

payer information

name: _____
address: _____ city: _____ state: _____ zip: _____
home phone: _____ work phone: _____ cell phone: _____
e-mail: _____

payment information

† Check (payable to Arlington Center for the Arts) † Cash
† Credit Card: † Visa † MasterCard ** note: international cards cannot be accepted
Card Number: _____ Expiration Date: _____
Signature: _____ 3-digit code: _____
Address: _____ city: _____ state: _____ zip: _____
if different than payer address

For office use only:

Date Enrolled: _____ Paid Via: Check _____ Credit Card _____ Cash _____ Deposit Date: _____
Total: \$ _____ Amount Paid: \$ _____ Amount Due: \$ _____ Credit Card Authorization #: _____
Refund : \$ _____ Date: _____ Check # _____