

REGISTRATION FORM

Print, complete & return this form, with fees, to **Bravo School of Art** to ensure a seat at the table.

2690 Historic Decatur Rd, Studio 206 San Diego, CA 92106 makeArt@BravoSchoolOfArt.com

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

E-Mail: _____

Phone: Day: _____ Eves: _____

WORKSHOP NAME	Date	Class Fee	Materials fee
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

Individual Membership \$40.00 Family Membership \$60.00 + \$ _____
 Organization Membership \$60.00 Super Member \$120.00

Please include materials fees in Total Amount \$ _____

Enclose Total Amount CHECK payable to: BRAVO SCHOOL OF ART
 VISA MasterCard

Credit card # _____ Exp. Date _____

3 digit security code # _____ Office use only

Credit Card billing address

Signature (for credit card only)