

REGISTRATION FORM
Early registration insures class

Make checks payable to the individual teachers

Mail registration form and check to:

Center for the Arts in Southern New Jersey
123 South Elmwood Road, Marlton, NJ 08053

Name _____

Address _____

Town & State _____ *Zip* _____

Phone: Day _____ *Evening* _____

Course Title _____

Instructor _____

Date/Time _____

REGISTRATION CAN ALSO BE MADE BY PHONE
IF REGISTERING BY MAIL, FEE MUST ACCOMPANY
THIS FORM, THANK YOU

Cancellation Policy: Cancellation one week prior to class start date will be charged a \$5 processing fee. A \$10 processing fee will be charged for workshop cancellations. There will be no refunds after the first week of a class or workshop. If the class is cancelled due to insufficient enrollment, all payment is automatically refunded.

Signature below indicates full understanding and acceptance of this policy.

Name _____ Date _____

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