

Adult Class Registration Form

Class: _____

Dates: _____

Instructor: _____

Student Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Tuition/Cost: _____

Tuition and fees are non-refundable once the class begins. Register by mail or in-person.

Payment Method:

Paid: _____

Cash____ Check #____ MasterCard____ Visa____

Credit Card Number: _____

Name as it appears on card: _____

Security Code (on back of card): _____

Expiration Date: _____

Signature: _____



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