

REGISTRATION FORM

PLEASE COMPLETE/SIGN & RETURN
WITH THE NECESSARIES FORM

TODAY'S DATE _____ NAME/PARENT/GUARDIAN _____
LAST FIRST

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE (H) _____ (W) _____ (C) _____

PARTICIPANT NAME	IF YOUTH AGE	CLASS/WORKSHOP/OPEN STUDIO	SESSION	DATE	TIME	FEE

PURCHASED SUPPLIES		OFF SITE CHARGES/IF APPLICABLE		SUBTOTAL	
MERCHANDISE				ADDITIONAL SUPPLY FEE/IF APPLICABLE	
SALES TAX		TOTAL		MODEL FEES/IF APPLICABLE	
TOTAL				TOTAL	

MAKE CHECKS PAYABLE TO EAST SIDE CENTER FOR THE ARTS (ESCA)
\$20 processing fee for returned checks.

MAIL, FAX OR DROP OFF COMPLETED FORM:

PO. Box 44096 6923 Main Street Fax:
Cincinnati, OH 45244-0096 Village of Newtown, OH 45244 513.561.0270



R _____
 REQUIRED SIGNATURE: PARTICIPANT/PARENT/GUARDIAN DATE

QUESTIONS? PLEASE PHONE - 513.561.2872, info@esartcenter.net, www.esartcenter.net

A SPECIAL PLACE FOR
PROFESSIONALS, STUDENTS AND
LOVERS OF THE CREATIVE ARTS.