



**REGISTRATION FORM
FOR ART CLASSES OR WORKSHOPS**

Lakewood Arts Community Art Center and Gallery
(303)-980-0625 6731 West Colfax Avenue – Lakewood CO 80214
www.lakewoodarts.org



Mail or Hand-deliver to: Lakewood Arts Council, 6731 West Colfax Avenue – Lakewood CO 80214

- *Alternate formats available – Facility is handicapped accessible – Please inform your instructor of any special needs
- *To assist our instructors with planning, we’d appreciate having registration form and payment by the specified deadline. There may be a late penalty charged if your instructor approves registrations after the deadline.
- *If enough students do not register for a class, it may be cancelled. You will be notified and your fee will be refunded.

PLEASE PRINT AND COMPLETE ALL INFORMATION

IMPORTANT NOTE: If you are going to pay with a credit card, we **MUST** have your name exactly as it appears on your card **AND** your zip in order to process the transaction.

Name / Adult _____ Phone: _____

Name if under 18: _____ Phone: _____

A parent or guardian signature is required if student is under 18: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____

TYPE OF PAYMENT – PLEASE COMPLETE ALL INFORMATION

PLEASE NOTE: LAC Members’ Discounted Fees apply ONLY to currently active single memberships or children and adults who are part of a family membership. Membership must be renewed annually. Student must be a current member to receive the discounted fees for art classes or workshops. (If you want to join or renew your membership before paying for your class(es) or workshop(s), you may do so by calling or coming into the gallery during business hours. The cost is \$30.00 for a single membership or \$35.00 for a family membership.)

TOTAL FEE(S): LAC Member \$ _____ - OR - NON-LAC Member \$ _____

CASH **CHECK** (Payable to Lakewood Arts Council) CHECK # _____

CHARGE (Visa/MasterCard/Discover/AMEX) **CREDIT CARD #** _____

CID Number (3 or 4 numbers on back of card): ____ Exp Date: ____/____

1.) **COURSE TITLE:** _____ **INSTRUCTOR:** _____
DATE(S): _____ **FEE:** \$ _____

2.) **COURSE TITLE:** _____ **INSTRUCTOR:** _____
DATE(S): _____ **FEE:** \$ _____

3.) **COURSE TITLE:** _____ **INSTRUCTOR:** _____
DATE(S): _____ **FEE:** \$ _____

4.) **COURSE TITLE:** _____ **INSTRUCTOR:** _____
DATE(S): _____ **FEE:** \$ _____

CUSTOMER’S SALES RECEIPT # _____