

Registration Form

1100 Belmont Avenue - Wyomissing, PA 19610 - Phone 610-376-1576 - Fax 610-376-2926 - www.institute-of-arts.org

New Student Returning Student How did you hear about us? _____

Student Information:

Date: _____ Full Name _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Email _____ Student Signature (if over 18) _____

If student is under 18: Date of Birth ___/___/___ Age at Time of Class _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Class Information:

Class #: _____ Class Name: _____

Day/Time of Class _____ Class Fee: \$ _____

Class #: _____ Class Name: _____

Day/Time of Class _____ Class Fee: \$ _____

Class #: _____ Class Name: _____

Day/Time of Class _____ Class Fee: \$ _____

Total Fee(s): \$ _____

By signing this registration I agree to the Release of images for Educational & Promotional use: While attending the Institute, you or your child may be involved in activities that may be photographed or videotaped for educational and promotional purposes for the sole use by the Yocum Institute for Art Education. i.e. catalogue, website, teacher trainings, etc. or -

No, I prefer if my/my child's image is not used _____

Payment Options: Please remit payment in full at time of registration.

Please make checks payable: Yocum Institute for Arts Education or Please bill my : Visa _____ MasterCard _____ Discover _____

Account #: _____ Exp. Date: _____ Sec. Code: _____

Authorized Signature: _____ (3 digits on back of card)

Membership Form

Your Support Makes it Possible...

Our members are those who financially contribute to the Institute annually at or above the basic levels. Membership is a very important source of support for the Institute. Your membership dollars help fund program development, outreach to the community and exhibits and performances. Basic Membership entitles you to discounts on classes, private instruction, special events and Primary Stages Productions. You will also receive special invitations to events and exhibits. Become a member today!

Full Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Email _____

Please Indicate membership amount: _____ BASIC Individual (\$35) _____ BASIC Family (\$60)

_____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ \$2,500 _____ \$2,501+

I have enclosed a check made payable to the Yocum Institute for Arts Education. Please bill my credit card above