

# **ARTS INSTITUTE OF MANSFIELD**



## **REGISTRATION FORM**

**STUDENT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DATE ATTENDING: (CIRCLE ONE)**  
**JUNE 25-29---JULY 23-27**

**CAMP ATTENDING:** \_\_\_\_\_  
(I.E.: PIANO, GUITAR, DRAMA, SIGN LANGUAGE, ART OR DANCE)

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**STUDENT ALLERGIES?** \_\_\_\_\_

**WE ACCEPT CASH AND CHECKS MADE OUT TO "FUMC"**  
**PLEASE BE ADVISED THAT IF YOU PAY WITH A CREDIT OR DEBIT CARD,**  
**THERE WILL BE A 4% UP-CHARGE ADDED BY THE SERVICE PROVIDER.**

-----OFFICE USE ONLY-----

**TYPE OF PAYMENT RECEIVED:**

**AMOUNT:**

**DATE REGISTERED:**