

CLASS REGISTRATION FORM

Student Information

Student Name (1) _____ Age _____
Student Name (2) _____ Age _____
Address _____ City _____ Zip _____
Day Phone _____ Alt. Phone _____
Email Address _____

Parent/Guardian or Emergency Contact Information

Parent/Guardian/Emergency Contact Name _____
Relationship to Student(s) _____
Day Phone _____ Alt. Phone _____

Class Information

Class Name (1) _____ Cost _____
Instructor _____ Dates _____
Class Name (2) _____ Cost _____
Instructor _____ Dates _____

Octagon Membership Level: (Check One)

Non-Member Household Member Supporting or Founders Club

*See Membership link for class discounts & benefits.
Discounts apply immediately upon receipt of membership fee.

TOTAL PAYMENT \$ _____

Paid By: Check Cash
Visa Discover Mastercard
American Express

Card # _____
Exp. Date (mm/yy) ____/____

Fax, phone-in, walk-in, or
mail-in registration form with
payment to:

Octagon Center for the Arts
427 Douglas Avenue
Ames, Iowa 50010
or FAX to 515.232.5088

Signature _____ Date _____

I understand that the Octagon may use photos of students, artwork, and classes in their publications.