

REGISTRATION FORM (Registration Deadline July 22)

Student Name: _____

Student Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone-day: _____ evening: _____

Parent or Guardian: _____

E-mail: _____

(Confirmations will be sent by e-mail unless requested otherwise)

Please make a first and second choice for classes.

First Choice: _____

Second Choice: _____

Tuition \$ _____
(\$50 Or \$40 for families who are CBAA Members; scholarships available)

Tax-deductible donation to CBAA \$ _____

Total \$ _____

Please make checks payable to Cannon Beach Arts Association

Send registration and payment to: Cannon Beach Arts Association

PO Box 684, Cannon Beach, OR 97110

Thank You!