



DATE: _____

EUGENE GLASS SCHOOL REGISTRATION FORM

Name _____

Phone _____

Address _____

Fax _____

City _____ State _____ Zip _____

Email _____

1. Instructor _____

Dates _____

Class/Workshop _____

Class Fee \$ _____

Materials Fee \$ _____ Total: _____

2. Instructor _____

Dates _____

Class/Workshop _____

Class Fee \$ _____

Materials Fee \$ _____ Total: _____

3. Instructor _____

Dates _____

Class/Workshop _____

Class Fee \$ _____

Materials Fee \$ _____ Total: _____

Cash Check Visa MasterCard Amex

TOTAL CLASS FEES \$ _____

Make Checks Payable to: **Eugene Glass School**

Annual Registration Fee _____

(\$30 per calendar year)

Credit Card # _____

TOTAL \$ _____

Exp Date _____ CIV# _____

Cardholder Name _____

Billing Zip Code _____

TO BE FILLED OUT BY EGS REP ONLY:

Cancellation Policy read on _____ By _____

ACT verification or add on _____ By _____

QuickBooks entry on _____ By _____

MINOR AGE, if applicable _____

Parent/Guardian Name: _____