

REGISTRATION FORM - PRINT VERSION

Spring / Summer 2012

INCLUDE YOUR PAYMENT AND RETURN TO:

The Visual Arts Centre  
350 Victoria, Montreal (QC) H3Z 2N4  
Tel: (514) 488-9558 | Fax: (514) 488-7075

1. Course/Workshop	_____	
Day/Time	_____	
Teacher	_____	Cost: -- _____
2. Course/Workshop	_____	
Day/Time	_____	
Teacher	_____	Cost: -- _____

Annual Registration Fee (single=\$20; family=\$25) \_\_\_\_\_

Sub-total: \_\_\_\_\_

(for 15 year-olds and over) GST 5% \_\_\_\_\_

Sub-total: \_\_\_\_\_

(use above sub-total) PST 8.5% \_\_\_\_\_

Total: \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (other): \_\_\_\_\_

YOUTH COURSES

Parent's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

PAYMENT METHOD

Cheque \_\_\_\_\_

VISA/MASTERCARD

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_