



MAPLE GROVE
ARTS CENTER

Class Registration

Date: _____

Personal or Family Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Alternate Number(Cell,work) _____

Emergency Contact: _____ Phone: _____

E-mail: _____

Class Title/Session	Student Name/ Age	material fee	Member Fee/opt.	Tuition

Make Checks Payable To:
Maple Grove Arts Center

Mail Registration Form and Payment to:

Maple Grove Arts Center
Maple Grove, MN 55127

Tuition Subtotal: _____

Materials Subtotal: _____

Membership(opt.) _____

Total Due: _____

Check# _____