

REGISTRATION FORM

Meditate & Create Studio of Art 32 RiverBend Rd. Trumbull, CT 06611 (203) 685-8370

Please print this page and fax to 203.880-9280 or mail to above address.
Any questions please contact us at meditateandcreate@gmail.com or 203 685-8370

First Name: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Email: _____

Date of Birth: (if under 18 years old) _____ Name of Parent/Guardian: _____

Former Student? (Circle one) Yes No

Course Title	Day	Time	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\$75.00 deposit to hold your spot. Deposit is 100% refundable if made prior to 2 weeks before start of class. **\$75**

TOTAL: _____

Method of Payment: (Circle One) Cash Check *Please make payable to The Savage System llc.

Mastercard / Visa Credit Card # _____

Expiration Date: _____ 3 Digit Security Code on Back of Card: _____

Name and Address on Credit Card if different from above:

Signature: _____

For full course descriptions and more information, visit our website, www.tracysavage.net/artclasses