

Special Events Registration Form

Print and complete this form and mail (or deliver) to:
The Guild of Creative Art, 620 Broad Street, Shrewsbury, NJ 07702

Student's Name _____

Address _____ City _____

State _____ Zip code _____ Email _____

Phone _____ Cell _____

Guild Member: Yes _____ No _____ Dues fully paid?: Yes _____ No _____

(Note: Special Events are open to both Guild Members and Non-Members, but Guild Members receive a discount.)

Event Title _____

Instructor _____

Meeting Day(s) (check all): Mon Tues Wed Thurs Fri Sat Sun

Starting Date _____ Ending Date _____

Total Member fee \$ _____ Total Non-Member fee \$ _____

Is this a Deposit? (see individual event info. for requirements) Yes No Full fee

Amount Enclosed \$ _____ Payment Date _____

Note: All Payments to The Guild of Creative Art (not the instructor)