



520 E. Grand Ave. | Beloit, WI 53511 | 608-313-9083

**CLASS
REGISTRATION
FORM**

CLASS REGISTRATION FORM

Class Name: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Start Date: _____

Class Times: _____

Instructor: _____

Instructional Fee \$ _____

Supply Fee \$ _____

Total Class Fee \$ _____

Please make checks payable to **Beloit Art Center**. Attach payment to registration form and return to the Beloit Art Center main desk or mail to Beloit Art Center, 520 E. Grand Ave., Beloit, WI 53511

Thank you!

Payment received by: _____ Cash or Check # _____

Date _____