

To register send a check or credit card information
and this form to the address below
Center For Art & Education
104 North 13th, Van Buren, AR 72956

Student Name _____

Student Age (If under 18) _____

Parent Name (If student is under 18 yrs. old) _____

Phone: _____ (Home)

_____ (Cell)

Email: _____

Street _____

City _____

State _____

Zip _____

Class you are enrolling in: _____

Enclosed is my check in the amount of : _____

Credit Card: VISA/ MASTERCARD Account Number _____

Expiration Date: _____
(month/year)