

# DECORATIVE ARTS CENTER OF OHIO

Reese-Peters House

## Adult Class Registration Form

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

New Student: Y N                      Member: Y N

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell/Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

CLASS/PROGRAM NAME	DATE	TIME		COST

Payment Method:     Cash     Check     Credit Card (MC / VISA) Exp. Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Credit Card No.: \_\_\_\_\_

Notes: \_\_\_\_\_

Please Mail Form to the Following Address:  
Decorative Arts Center of Ohio (Attn. Admin)  
145 East Main Street, Lancaster, OH 43130  
Or Fax 740-681-2713