

CATHEDRAL ARTS WORKSHOP

Cathedral of St John the Evangelist

127 E 12th Avenue Spokane, WA 99202-1199

Phone: 509-838-4277 Fax: 509-747-4403

www.stjohns-cathedral.org

REGISTRATION FORM FALL 2009

Please print and complete entire form.

Today's Date: _____

Student's Full Name: _____

Parent's Name or Legal Guardian if student is a minor: _____

Age of Minor: _____

Adult who is picking up student if different from above, only adults listed can pick up student(s): _____

Address _____

Contact Phone Number _____

Emergency Contact Information

Name: _____

Home #: _____ **Cell #:** _____

Email: _____

Class: _____

Second choice if this class is full _____

Class: _____

Second choice if this class is full _____

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Visa / MasterCard Authorization

must be filled out completely or will not be processed

Name on Card _____

Cardholder Address _____

City _____ State _____ Zip + 4 _____

Cardholder Phone _____

Card Number _____

Expiration Date _____ Security Code _____

Amount to Charge _____ Today's Date _____

Event Name _____

Signature _____

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Office Use Only

Date waiver signed: