

ART WORKSHOP REGISTRATION FORM

How did you learn about the Art Workshop? _____

Teacher: Diana Huang

Location: Irvine Math Academy
4010 Barranca Pkwy, Suite #265
Irvine, CA 92604

Class Dates & Time: _____ **Number of Sessions:** _____

Student's Name: _____ Age/Grade: _____ \$20/session
 _____ Age/Grade: _____ \$15/session
 _____ Age/Grade: _____ \$15/session
 _____ Age/Grade: _____ \$15/session
 _____ Age/Grade: _____ \$15/session

Total per session: _____
Total for program: _____

Contact Information

Parent/Guardian: _____
phone: (____) _____
e-mail: _____
home address: Street _____
City _____, CA, Zip: _____

Payment Method: Paid in full at registration. Cash or Check
Amount: _____ Date Paid: _____

Parent/Guardian Signature: _____ **Date:** _____

Additional Notes: