

CLASS REGISTRATION FORM

Sharon Lynne Wilson Center for the Arts

Please mail form to ATTN: Education Department,
Wilson Center, 19805 W. Capitol Drive, Brookfield, WI 53045.

How did you find out about this program?

- Education Guide
- Entertainment Guide
- Newspaper Feature Story
- Newspaper Calendar Listing
- School – flyer or poster
- Teacher _____
- Flyer or poster at Wilson Center
- Wilson Center website
- Through a Friend
- Other _____

Are you a BackStage member? Yes No

If Yes, at what Level? _____

- Members at the \$50 Artist Level receive Open Studio as a benefit.
- Members at the \$100 Performer Level receive a discount on classes.

For more information on memberships, please call (262) 373-5029.

If you are not a member, would you like to become a member? Yes No

If yes, at what level _____.

Student Name _____ Male Female

FOR CHILD: Birthdate _____ Age _____ Grade _____ School _____

Parent Name(s) _____

Home Address _____

City _____ Zip _____ E-mail _____

Home Phone () _____ Other Phone: cell work () _____

| Class Name | Semester | Start Date | Weekday | Tuition |
|------------|----------|------------|---------|---------|
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To join as a BackStage member, indicate level of membership (see above) and add payment total amount: \$ _____

TOTAL \$ _____

Payment Method: Check (in person) Check (in mail) CC: Visa MasterCard Discover AmEx

Card Number _____ Expiration Date _____

Authorized Signature _____

Office use only:

Payment Processed

Registration Received _____