

REGISTRATION FORM

Print this form and return, with fees, to **Bravo School of Art** to guarantee early placement.

2690 Historic Decatur Rd, Studio 206 San Diego, CA 92106 619-223-0058

Name: _____ Date: _____

Address: _____

City/State: _____ Zip: _____

E-Mail: _____

Phone: Day: _____ Eves: _____

Workshop	Date	Workshop fee	Materials fee

Optional: Individual Membership \$40.00 • Family Membership * \$60.00

3 Year Individual Charter Membership \$120.00 \$ _____

Include all fees in **Total Amount** \$ _____

*Family members names:

Enclose Total Amount CHECK payable to: **BRAVO SCHOOL OF ART**
 VISA MasterCard

Credit card # _____ Exp. Date _____

3 digit security code # _____ Office use only

Credit Card billing address:

Signature (credit card only): _____