

REGISTRATION FORM (please print clearly)



SEMESTER(S) select Fall Spring Both 20____

Name: _____

Address: _____

Phone (emergency): _____

E-mail Address: _____

Course: _____ Day/Time: _____ Tuition: _____

Course: _____ Day/Time: _____ Tuition: _____

Course: _____ Day/Time: _____ Tuition: _____

Plus one time registration/supply fee of \$25

TOTAL AMOUNT ENCLOSED: _____

Mail completed form with check/money order made payable to:
North Shore Art Academy • 1 Washington Ave, Glen Head, NY 11545