



## Class Registration

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (day / evening) \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent/Guardian (if student is a minor) \_\_\_\_\_

Special Physical Needs / Considerations / Allergies \_\_\_\_\_

DAC MEMBERS enjoy a host of benefits, including reduced prices for classes & workshops.  
Please call (614) 889-7444 or visit [www.dublinarts.org](http://www.dublinarts.org) for details.

I AM a Member of DAC (pay Member class fees)  
 I WANT TO BECOME a Member of DAC (pay Member class fees)

Please indicate at which level you wish to contribute:

\$1,000: Benefactor       \$500: Patron  
 \$250: Sponsor           \$100: Family Member ship  
 \$50: Member             \$25: Student Member

NEW Membership Fee: \$ \_\_\_\_\_

CLASS TITLE	CLASS #	CLASS FEE (with material fee)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

*Golden Buckeye cardholders may deduct 10% from their total registration fees.  
Registration and refund policies are available at [www.dublinarts.org/classes/register.html](http://www.dublinarts.org/classes/register.html)*

Total Amount Enclosed: \$ \_\_\_\_\_

PAYMENT TYPE (please check one) PLEASE DO NOT MAIL CASH  
 Check (payable to Dublin Arts Council)     Visa     Mastercard     Amex

Name on card \_\_\_\_\_ Card number \_\_\_\_\_ Exp. \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Signature: \_\_\_\_\_

MAIL OR DELIVER TO: Dublin Arts Council, 7125 Riverside Dr., Dublin, Ohio 43016  
You may also register by phone: 614 / 889-7444  
or fax: 614 / 889-9262