



BROOKLYN ARTS EXCHANGE

CLASS REGISTRATION FORM

Student's Name: _____ DOB: _____

Parents Name(s): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: (home) _____ (work) _____

E-Mail: _____

Class(es) registering for:

class name: _____ day: _____ time: _____

class name: _____ day: _____ time: _____

ROUND UP

Additional donation enclosed for the BAX Scholarship Fund:

\$5 \$10 \$ _____

Total Enclosed _____ (Don't forget yearly \$35 registration fee)

Fees may be paid by check (payable to the Brooklyn Arts Exchange), cash or credit card (MasterCard, VISA, Discover, sorry no AMEX).

Please mail form and payment to:

Brooklyn Arts Exchange
421 Fifth Avenue
Brooklyn, NY 11215