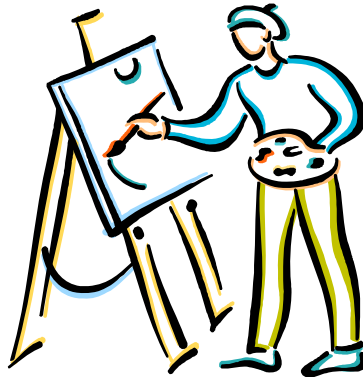


THE ARTS at GOOD SAMARITAN

3720 Capital Circle SE
Tallahassee, FL. 32311
Martha H. Stubbs, Executive Director

Telephone: 850-325-6753
Fax: 850-325-6754
Email: Arts@GoodSamaritanTallahassee.org
Website: www.goodsamaritanarts.org



ART REGISTRATION 2009 -2010

Student Name: _____

Age: _____ Birthday: _____ School: _____

Mother's Name: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Address: (if different) _____

Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

If billing address or person responsible for student' account is different from the above information, please list this information below:

CONTRACTUAL AGREEMENT:

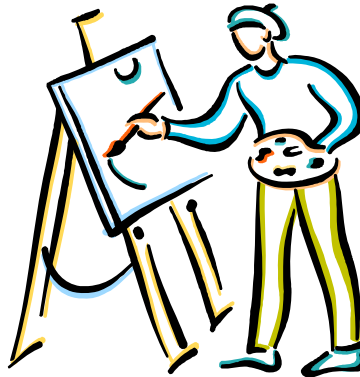
I have read The Arts at Good Samaritan Registration and Policy Information and I understand my commitment.

Signature: _____ Date: _____

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ADULT ART REGISTRATION 2009 -2010

Student Name: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Area of Instruction: _____

If billing address or person responsible for student's account is different from the above information, please list this information below:

CONTRACTUAL AGREEMENT:

I have read The Arts at Good Samaritan Registration and Policy Information and I understand my commitment.

Signature: _____ Date: _____