

# THREE EASY WAYS TO REGISTER FOR CLASSES

1. **BY MAIL:** Return the completed registration form with payment to:

East End Arts School, 141 East Main Street, Riverhead, NY 11901.

2. **BY PHONE:** (Credit card only) 631.369.2171 or Fax 631.208.1877.

3. **IN PERSON:** Register at the school office from 10AM-6PM, Monday-Friday

Call 631.369.2171 for Saturday and evening hours.

Support the Arts! Become a member of the East End Arts Council at time of registration: Senior (65+)/Student \$35, Individual \$50, Family \$65.

For additional levels and membership benefits, please call 631.727.0900 or visit our website at [www.eastend-arts.org](http://www.eastend-arts.org).

We accept Visa, MasterCard, Discover & AMEX.

Make checks payable to East End Arts Council.

An "Early-Bird Discount" of 5% will be applied to Group Class registration payments received at least 21 days before the first class. Full payment for group classes is due at time of registration. To take advantage of class discounts, full payment of all sessions must be made upon registration.

To register for private music instruction, and to schedule day, time and teacher please call the school, weekdays 10AM-6PM, at 631.369.2171.

The East End Arts School reserves the right to cancel any class due to insufficient enrollment.

**REGISTRATION REFUND POLICY: Tuition will be refunded due to cancellation if we are notified five business days in advance. Refunds will be prorated up to and including second class. No refunds will be made following the second class.**

## 2011-2012 CLASS REGISTRATION FORM

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

*Please note: All class confirmations and notifications will be sent via e-mail.*

EEA Member  yes  no      Returning Student  yes  no

Age (children only) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Class Title \_\_\_\_\_ Fee \_\_\_\_\_

Class Title \_\_\_\_\_ Fee \_\_\_\_\_

Class Title \_\_\_\_\_ Fee \_\_\_\_\_

Discount (If Applicable): \_\_\_\_\_

EEA Membership Level \_\_\_\_\_ Fee \_\_\_\_\_

Total Enclosed \_\_\_\_\_

Check# \_\_\_\_\_

Please charge my:  VISA  M/C  DISC  AMEX

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name of cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Please return with payment prior to the start of class to:

East End Arts School, 141 East Main Street, Riverhead, New York 11901