MMAS CLASS REGISTRATION FORM
508-332-2822, OFFICE@MMAS.ORG
MMAS members save 10% on tuition charge.

Please Print clearly. Use a separate form for each class.

Student's Name: _____

(If student is minor) Parent's Name: _____

Student Age: _____ Date of Birth: _____ Grade: _____

Health issues relevant to class _____

Address: _____

City: _____ State: _____ zip code: _____

Phone Number: _____ Alternate Phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone #(s): _____

For which class are you registering? _____

Class meeting day and time: _____

See class information for tuition charges.

Are you a member of MMAS? If yes, deduct 10% from tuition. If not, you can become a member and save 10% on classes (*and* save on theater tickets). Just add membership fee to total and deduct 10% from tuition.

Membership fee $50 (good for 12 months membership) $ _____

Tuition: (MMAS Members deduct 10%) $_____

Registration is not final until payment is received. **Total:** $ _____

(Ask if sibling discount or an installment payment plan is available for your class – 508-339-2822 or office@mmas.org)

Payment: Cash Check (enclose) Credit Card

Card Type (VISA, MasterCard etc.) _____

Card Number: _____ Exp. _____/_____

- Register by phone with credit card: 508-339-2822, weekdays between 10am and 4pm
- Mail registration form with check or with credit card info to:
  - MMAS, P.O. Box 1283, Mansfield, MA 02048,
- Register in person with cash, check or credit card, weekdays between 10am and 4pm at: MMAS Black Box Theater, 377 North Main Street, Mansfield 02048 (Please call ahead)