

MMAS CLASS REGISTRATION FORM, 508-332-2822, OFFICE@MMAS.ORG

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: _____

May we use student's photo and name to publicize MMAS? Please circle one Yes / No

See class information for tuition charges.

MMAS Members save 10% on most classes and save on theater tickets. To join, just add membership fee to total and pay tuition at member rate.

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

Tuition: (Members, use member rate if listed) \$ _____

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: _____ Expires. _____

For monthly payment plans only, we will need your 3 or 4-digit CSC number: _____

Signature (for credit card transactions) _____

- Mail registration form with check or with credit card info to: MMAS, P.O. Box 1283, Mansfield, MA 02048,

You can also: Register on-line at mmas.org with credit card:

By phone with credit card: 508-339-2822, weekdays between 10am and 4pm

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)

How did you hear about the MMAS Academy? _____