



Scintillant Studio Class Registration Form

Student Information

Name: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone #: _____ Night Phone #: _____
 Are you new to Scintillant Studio? Y N
 Emergency contact: _____ Telephone: _____

Class choice

First preference

Season (please check one): Spring Summer Fall Winter
 Day (please check one): M Tu W Th F

Second preference (in case first choice is full)

Season (please check one): Spring Summer Fall Winter
 Day (please check one): M Tu W Th F

Do you request Workstudy? Y N

Please include deposit (\$185) with this form. (Refundable up to 15 days before class begins)

Send form and payment to **Scintillant Studio, 1258 Valencia St. (upstairs unit), San Francisco, CA 94110** OR email form to Adam Clark at monkeyshinemtl@earthlink.net and arrange to pay via PayPal.

Please note that email registrations will not be processed until payment is received.

FOR OFFICE USE ONLY:	Deposit Rec'd:		Paid in Full:	
	W/S Approved?		Trade?	