



ROGUE
GALLERY
& ART
CENTER

Adult Class Registration Form

Name _____
 Address _____ Zipcode _____
 Phone # _____ Email _____

Current Member? Yes No

Add Membership? Individual \$35 Family \$50

Applying for Scholarship? YES NO If yes, in what amount? _____

(If yes, please enclose payment in the amount of the balance, and contact us for an application. If scholarship is unavailable, payment will be returned to you.)

Class Title: _____

2nd Class Title: _____

3rd Class Title: _____

Payment : DUE AT TIME OF REGISTRATION

check enclosed credit card # _____

expiration date: _____ Visa MC Am Ex

Signature of Card Holder _____

Class registration confirmation, payment receipt, and materials list will come to you by mail to the address you listed above. Registration constitutes permission for you to be photographed and your image to be used for promotional purposes unless you request otherwise in writing.

Interested in future classes in the following
 mediums: _____

Rogue Gallery & Art Center

40 South Bartlett St Medford, OR 97501

www.roguegallery.org (541)772-8118

holly@roguegallery.org to contact our Education Director, Holly Kilpatrick