



Cherokee Arts Center

94 North Street, Canton, GA 30114 | 770 704 6244 | info@cherokeearts.org

Class Registration Form

Name _____ Date _____

Child's Name (if applicable) _____ Age _____

Address _____

City, State, Zip _____

Phone _____ Cell _____

E-mail _____

Class _____

Instructor _____

Dates of Classes _____

Signature _____ Date _____

All applicants responsible for supplies needed, unless otherwise stated.

****All class fees are Non-Refundable and Non-Transferable****

(Office use only) CAC MEMBER Non CAC MEMBER

Class Fee \$ _____

Payment enclosed Check # _____

Deposit Fee \$ _____

CC \$ _____ Charge date _____

Material Fee \$ _____

Cash \$ _____

Charge Fee \$ _____

Notes: _____

Total payment \$ _____
