

BGSU SCHOOL OF ART

Saturday Art Youth Program

Email: saturdayart@bgsu.edu

Fax: 419-372-2544

Mail: Bowling Green State University
School of Art
ATTN: Shari Densel
1000 Fine Arts Center
Bowling Green, Ohio 43403

REGISTRATION FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth _____ Current Age _____ Gender _____ Current School Grade Level _____

To assist the instructor with planning a lesson each week, are there any medical or learning interests or disabilities regarding the student that may enhance his/her learning?

PARENT/GUARDIAN INFORMATION

Name of Parent or Guardian _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

E-mail address **required to receive confirmation, updated newsletters from the teacher and in the event of weather related cancellation, we will contact you through e-mail.*

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____ E-mail _____

METHOD OF PAYMENT (Total program fee is \$89.00 per student)

_____ Paid on _____ (date payment was made) with credit card using the online process.

Check or Money Orders (only)

- Make checks payable to BGSU. Place on the memo line "Saturday Art Youth Program"

_____ Check/Money Order is being mailed with this registration form

_____ Payment by check or money order will be paid on the first day of Saturday Art Youth Program