



REGISTRATION FORM FOR COUPLES ART CLASS

INFORMATION OF ART STUDENT (1)

| | |
|---|--|
| Current School Grade | |
| Name of School or Place of Work | |
| First Name | |
| Surname | |
| Title | Mr / Miss / Ms / Other (Please specify): |
| Birth Cert. or ID or Passport Number | |
| Physical Home Address (not PO Box) | Postal Code |
| Postal Address | Postal Code |
| email | |
| Mobile Number | |
| Home Tel Number | |
| Work Tel Number | |

INFORMATION OF ART STUDENT (2)

| | |
|---|--|
| Current School Grade | |
| Name of School or Place of Work | |
| First Name | |
| Surname | |
| Title | Mr / Miss / Ms / Other (Please specify): |
| Birth Cert. or ID or Passport Number | |
| Physical Home Address (not PO Box) | Postal Code |
| Postal Address | Postal Code |
| email | |
| Mobile Number | |
| Home Tel Number | |
| Work Tel Number | |



| | |
|---|---|
| How did you hear about us? | |
| Medical conditions we should know of? | |
| Do you take Art at school? | |
| Relationship to Student (2)? | |
| What kind of Creative Art do you want to learn more about? | 3-D Object Construction / Calligraphy / Clothing Decorating & Fabric Painting / Collage and Mixed Media / Drawing: Pencil, Charcoal, Pastel, Pen & Ink / Painting: Oil, Acrylic, Gouache, Watercolour / Perspective Drawing / Other (Please specify): |
| Date | |
| Signature | |

| | |
|---|---|
| How did you hear about us? | |
| Medical conditions we should know of? | |
| Do you take Art at school? | |
| Relationship to Student (1)? | |
| What kind of Creative Art do you want to learn more about? | 3-D Object Construction / Calligraphy / Clothing Decorating & Fabric Painting / Collage and Mixed Media / Drawing: Pencil, Charcoal, Pastel, Pen & Ink / Painting: Oil, Acrylic, Gouache, Watercolour / Perspective Drawing / Other (Please specify): |
| Date | |
| Signature | |

PICK A DAY AND TIME

| | |
|------------------------------|---|
| Monday | 2:45pm to 5:45pm <input type="checkbox"/> |
| Tuesday | 2:45pm to 5:45pm <input type="checkbox"/> |
| Wednesday | 2:45pm to 5:45pm <input type="checkbox"/> |
| Wednesday | 6:00pm to 9:00pm <input type="checkbox"/> |
| Thursday | 2:45pm to 5:45pm <input type="checkbox"/> |
| Friday | 2:45pm to 5:45pm <input type="checkbox"/> |
| Saturday | 9:00am to 12noon <input type="checkbox"/> |
| Date of Couples Class | |



WHO TO CONTACT IN CASE OF EMERGENCY

| | |
|---------------------------|--|
| First Name | |
| Surname | |
| Title | Mr / Miss / Ms / Other (Please specify): |
| email | |
| Mobile Number | |
| Home Tel Number | |
| Work Tel Number | |
| Name of Work Place | |

**Couples Art Class Fees to be paid in advance:
 R 200 for 1 x 3-hour Classes**

INFORMATION FOR INVOICING

| | |
|---|--|
| First Name | |
| Surname | |
| Title | Mr / Miss / Ms / Other (Please specify): |
| email | |
| Mobile Number | |
| Home Tel Number | |
| Work Tel Number | |
| Name of Work Place | |
| ID / Passport Number | |
| Physical Home Address (not PO Box) | Postal Code |
| Postal Address | Postal Code |
| Method of Payment | |
| Relationship to Art Student(s) | |
| Date | |
| Signature | |