



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	
Tuesday	
Wednesday	
Wednesday	
Thursday	
Friday	
Saturday	
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 250 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	