

Westside Studio Class Registration Form

class/workshop name(s), day & time, and session (winter/spring/summer)

name of student(s): _____

school student attends: _____

address, city, zip

email address

cell phone

day phone

emergency contact

phone

additional information _____

Donation to the YAWS Scholarship Fund

(give any amount if you'd like to help another child have access to art)

\$25__ \$50__ \$75__ \$100__ other \$_____

Total amount of payment enclosed _____

- Checks payable to Jennifer Burke
- Mail this form with your tuition check to:

Jennifer Burke
Westside Studio
1019 Allston Way
Berkeley, CA 94710

staff initials _____