Registration Form

Summer 2010

Please print and fill out form completely. Call (914) 967-0700 with any questions.

Name (*person responsible for payment*) **DATE**

Address City State Zip

Home Phone Alternate Phone Best Daytime Number Email address

Membership

[ ] Medici Patron ($5,000 and above)
[ ] Grand Patron ($2,500-$4,999)
[ ] Patron ($1,000-$2,499)
[ ] Benefactor ($500-$999)
[ ] Supporter ($250-$499)
[ ] Family ($100-$249)
[ ] Individual ($40-$99)
[ ] Senior Individual ($25-$39)

[ ] My matching gift form is enclosed **Membership** Enclosed $_____

51 Milton Road
Rye, NY 10580
(914) 967-0700
Fax: (914) 967-4495
info@ryeartscenter.org
www.ryeartscenter.org

MEMBERS! YOU RECEIVE A DISCOUNT ON CLASSES:
10% discount - **Family** level & below
15% discount - **Supporter** level & up

Classes/Workshops

Student Name (First and last) **Date of Birth** Class Name **Day/Time** **Fee**

PLEASE REMEMBER TO PUT DOWN WEEK(S) AND AGE GROUP, IF APPLICABLE.

Please check:

[ ] I have read and understand the general information/policies page of the course catalog.

[ ] I would prefer to receive materials from the RAC (catalog, newsletter, etc.) via email or the web.

Form of Payment

[ ] Cash
[ ] Check
(made out to The Rye Arts Center)
[ ] Visa
[ ] Mastercard
[ ] American Express

Credit Card (address needed)

Account Number **Exp. Date**

Signature

Total

$ _____

FOR OFFICE USE ONLY

ACCT#_____ [ ] THRIVA INITIAL _____ [ ] QB INITIAL _____ [ ] MEM CARD INITIAL _____ DATE PROCESSED _____ [ ] AH