

Registration Form

Fall 2009

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

- | | |
|--|--|
| <input type="checkbox"/> Medici Patron (\$5,000 and above) | <input type="checkbox"/> Supporter (\$250-\$499) |
| <input type="checkbox"/> Grand Patron (\$2,500-\$4,999) | <input type="checkbox"/> Family (\$100-\$249) |
| <input type="checkbox"/> Patron (\$1,000-\$2,499) | <input type="checkbox"/> Individual (\$40-\$99) |
| <input type="checkbox"/> Benefactor (\$500-\$999) | <input type="checkbox"/> 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)	Age	Class Name	Day/Time	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Credit Card (address needed)

<input type="checkbox"/> Cash			Total
<input type="checkbox"/> Check <small>(made out to The Rye Arts Center)</small>	Account Number _____	Exp. Date _____	\$ _____
<input type="checkbox"/> Visa	_____		
<input type="checkbox"/> Mastercard	_____		
<input type="checkbox"/> American Express	Signature _____		

FOR OFFICE USE ONLY

ACCT# _____	<input type="checkbox"/> THRIVA	<input type="checkbox"/> QB	<input type="checkbox"/> MEM CARD	DATE PROCESSED _____
INITIAL _____	INITIAL _____	INITIAL _____	<input type="checkbox"/> AH	