



2011-2012 Registration Form

Check here if new to WCPA or if you have a new address _____

Last Name: _____

Parent/Guardian/Adult Student First Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Emergency: _____

E-mail _____

** If billing address is different, please include on back of this form.

Check payment type: _____ Bi-Sem. _____ Sem. _____ Yearly

Student Name	Age	Teacher	Number of Lessons	Lesson Type/Length/ Class Name	Payment Amount *
Tuition Total					
Annual Family Registration Fee					\$25.00
Late Fee (if mailing after 8/27/2011, \$10.00 or 2% of balance due whichever is greater)					
Subtotal					
Handling Fee (3% of subtotal on credit card pymts.) **					
TOTAL DUE					
LESS: Prepayment (include amount paid for registration fee)					
NET DUE with fall registration					

* See Tuition Chart for payment amount

Payments received for returning students after 8/27/2011 will be assessed a late fee in accordance with our policies unless you prepaid. Make checks payable to WCPA and mail to: WCPA, PO Box 2, Maple Plain, MN 55359.

** We accept Visa and Mastercard for tuition payments. However, in accordance with MN Statute #325G.051, a handling fee of 3% of the total will be charged.

Check enclosed

Please bill my charge card (circle one): VISA* M/C*

Expires _____ (month/yr.) * Office will call to get Security Code

Please print neatly and include all required information!!!
QUESTIONS??? CALL (320) 255-0318 • E-MAIL: Imcnamara@wirthcenter.org

DATE OF FIRST LESSON: _____

I have read and understand the policies of the WIRTH CENTER for the Performing Arts. Submission of this application form indicates that I agree to abide by all stated policies with respect to cancellations, refunds, rescheduling of lessons, etc.

Signature of Student or Parent/Guardian for students under age 18

Date

MAIL TO: WCPA, PO BOX 2, MAPLE PLAIN, MN 55359