

# Registration Form for Art Classes & Workshops REGISTER EARLY!

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian name (for children): \_\_\_\_\_

Class(es) / Workshop: \_\_\_\_\_

*Members receive a 10% discount on classes and workshops!*

Are you currently a member of the Lubeznik Center for the Arts?  Yes  No  I would like to join (please check level below):

Individual (\$35)

Family (\$50)

Senior (\$25)

Senior Family (\$40)

Student (\$15)

Contributing (\$100)

Benefactor (\$300)

Donor (\$500)

Patron (\$1500)

Lifetime (\$10,000)

Payment Information: Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

MC / Visa #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Class Fee:	\$ _____
Membership:	\$ _____
Less Discount:	\$ - _____
<b>Total:</b>	<b>\$ _____</b>

*Please check [www.lubeznikcenter.org](http://www.lubeznikcenter.org) for additional programs.*



**Please print and send this form with payment to:**

The Lubeznik Center for the Arts  
101 Avenue of the Arts (W. 2nd St.)  
Michigan City, IN 46360

Call 219-874-4900 with questions

## Photo Authorization

I authorize the Jack and Shirley Lubeznik Center for the Arts ("Center") to use my photograph and or name for purposes of the Center's marketing, promotion and exhibitions.

I am 18 years of age or older.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

I am under the age of 18.

Signature of parent or guardian

\_\_\_\_\_

Printed Name \_\_\_\_\_

*Please return this authorization with registration form.*