

# Workshop Registration

## CASTLE HILL 2003

NAME: \_\_\_\_\_

WINTER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WINTER PHONE: \_\_\_\_\_ SUMMER PHONE: \_\_\_\_\_

SUMMER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF CHILD, DATE OF BIRTH: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

CLASS TITLE	Dates	# of Sessions	Tuition	Material Fees	Total
<b>TOTAL (From above)</b>					
<b>* MEMBERSHIP</b>					
<b>AMOUNT ENCLOSED</b>					

**MEMBERSHIP\***  
 Membership helps keep our classes affordable and makes possible our scholarship program.

<b>BENEFACTOR</b> <input type="checkbox"/> (\$1,000)	<b>ANGEL</b> <input type="checkbox"/> (\$500)	<b>PATRON</b> <input type="checkbox"/> (\$250)
<b>SUPPORTING</b> <input type="checkbox"/> (\$100)	<b>INDIVIDUAL</b> <input type="checkbox"/> (\$50)	<b>SCHOLARSHIP</b> <input type="checkbox"/> (\$150+)

**PAYMENT**

CASH    
  CHECK    
  MONEY ORDER    
  VISA    
  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

MAIL COMPLETED FORM TO: CASTLE HILL, P.O. BOX 756, TRURO, MA 02666 TEL: (508)349-7511  
 VISA AND MASTERCARD MAY BE FAXED: (508) 349-7513