



MAPLE GROVE  
ARTS CENTER

**Class Registration**

Date: \_\_\_\_\_

Personal or Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number(Cell,work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Class Title/Session	Student Name/ Age	material fee	Member Fee/opt.	Tuition

Make Checks Payable To:  
**Maple Grove Arts Center**

**Mail Registration Form and Payment to:**  
Christina Hankins  
8159 Lawndale Lane N.  
Maple Grove, MN  
55311

Tuition Subtotal: \_\_\_\_\_

Materials Subtotal: \_\_\_\_\_

Membership(opt.) \_\_\_\_\_

Total Due: \_\_\_\_\_

**Check#** \_\_\_\_\_