SUMMER AT CORNISH

2010 REGISTRATION FORM

BILLING ADDRESS

last name | first name

street | apartment no.

city | state | postal code

phone (000-000-0000)

STUDENT INFORMATION

last name | first name

street | apartment no.

city | state | postal code

date of birth (mm/dd/yyyy) | current high school (if applicable)

phone (000-000-0000) | email address

PARENT INFORMATION

required for students under 18 years old

last name | first name

street | apartment no.

city | state | postal code

phone (000-000-0000) | email address

EMERGENCY CONTACT

last name | first name

phone (000-000-0000) | email address

HOUSING

I am interested in Summer Student Housing: ☐ yes ☐ no

CLASSES

course title	class date	tuition	course fees
	total		

PAYMENT

☐ money order ☐ check ☐ visa ☐ mastercard ☐ AmEx

credit card information (if paying by credit card)

credit card number | expiration date

verification code | name as it appears on card

I have read and understand the Cornish College of the Arts withdrawal and refund policy.

signature | date

I give permission for Cornish College of the Arts to take photos of my daughter/son/self to use for the purpose of promoting the school.

signature | date

mail registration form to:
Cornish College of the Arts
Registration and Records
1000 Lenora Street
Seattle, WA 98121

phone:
206.726.5069

visit our website:
www.cornish.edu/summer

FOR OFFICE USE ONLY

address checked | payment amount checked | reg. date | initials