

**REGISTRATION FORM**

Print, complete & return this form, with fees, to **Bravo School of Art** to ensure a seat at the table.

**Bravo School of Art** 2963 Beech Street • San Diego, CA 92102  
BravoSchoolOfArt.com • 619.223.0058

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

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

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

E-Mail: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

WORKSHOP NAME	Date	Class Fee	Supplies Fee
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Individual Membership  \$40.00      Family Membership  \$60.00      + \$ \_\_\_\_\_  
 Organization Membership  \$60.00      Super Member  \$120.00

Please include Class Fee + Supplies Fee in **Total Amount** \$ \_\_\_\_\_

Enclose Total Amount       make CHECK payable to: BRAVO SCHOOL OF ART