2017 Guild School Registration Form

Name: _____

Telephone: _____ Fax #: _____

Cell Phone: _____ Email Address: _____

This will be my _____ year as a student at the Guild School.

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Class Choice(s)

When assigning classes, we will always "move up" to your first choice, if possible. So do not repeat a class. If you are EQUALLY happy with any of your choices, please make a notation. You must provide three choices.

FIRST CHOICE

	Length of Class	*Instructor & Class Project*	*Time Slot*
1.			
2.			
3.			
4.			

SECOND CHOICE

	Length of Class	*Instructor & Class Project*	*Time Slot*
1.			
2.			
3.			
4.			

THIRD CHOICE

	Length of Class	*Instructor & Class Project*	*Time Slot*
1.			
2.			
3.			
4.			

Please complete other side

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Name (please print): _____

$1475 Standard tuition—36 hours of instruction, shared room, meals . . . . . _____

$900 36 hours of instruction only—off-campus (no room or meals) . . . . . _____

$275 Additional 12-hour class . . . . . _____

$610 Shared room and meals for non-participating guest . . . . . _____

Total Current Charges . . . . . _____

Other charges, when applicable, will be made to your account as arrangements are made during the next few months for such things as private room, airport shuttle, early arrival and seminars.

Deduct:

$200 Minimum deposit paid previously through pre-registration . . . . . _____

or

$200 Minimum deposit required to register, enclosed with this form . . . . . _____

$25 Courtesy IGMA membership discount (one per family) . . . . . _____

$1475 Scholarship . . . . . _____

Total Current Deductions . . . . . _____

Total Current Balance (payable anytime before April 1, 2017) [ ]

Method of Payment:

☐ Check—made payable to The Guild School (US banks only)

☐ VISA or Master Card

Credit Card # _____ 3-Digit Security Code _____

Expiration Date _____ Amount to be charged now _____

Name under which card is issued (please print) _____

Signature _____

☐ ***Check this box if you want the balance due on your account to be charged to your credit card on or shortly after April 1.***

Send registration form and deposit to: Barbara Davis
3485 North Main Street
Soquel, CA 95073
831-465-0771 (fax)
guildschooligma@gmail.com
For information,
call 831-464-4638

(Please DO NOT send by mail requiring signature upon delivery)

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