

2019 GUILD SCHOOL
REGISTRATION FORM



Name: _____

Telephone: _____ Mobile: _____

Email Address: _____

Address: _____

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

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

CLASS CHOICE(S)

When assigning classes, we will always "move up" to your first choice, if possible. **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

	<i>Length of Class</i>	<i>Instructor & Class Project</i>	<i>Time Slot</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

SECOND CHOICE

	<i>Length of Class</i>	<i>Instructor & Class Project</i>	<i>Time Slot</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

THIRD CHOICE

	<i>Length of Class</i>	<i>Instructor & Class Project</i>	<i>Time Slot</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PLEASE COMPLETE OTHER SIDE

2019 GUILD SCHOOL REGISTRATION FORM

Name (please print): _____

\$1600 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 _____

\$650 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) _____

\$1600 Scholarship _____

Total Current Deductions _____

Total Current Balance (payable anytime before April 1, 2019) ...

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
guildschooligma@gmail.com
For information,
call 831-464-4638

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