



**ARTS CENTER**  
OF COASTAL CAROLINA

**WORKSHOP REGISTRATION**

Class:  
Date:  
Time:  
Location:  
Instructor:  
Tuition:

|                           |                          |
|---------------------------|--------------------------|
| <b>NAME:</b>              | <b>STREET ADDRESS:</b>   |
| <b>TELEPHONE:</b>         | <b>CITY, STATE, ZIP:</b> |
| <b>AGE (if under 18):</b> | <b>PARENT:</b>           |
| <b>EMAIL:</b>             | <b>SPECIAL NEEDS:</b>    |

**DATE OF PAYMENT:**  
**METHOD OF PAYMENT:**

**CASH** \_\_\_\_\_

**CHECK** \_\_\_\_\_

**CREDIT CARD NUMBER** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Amount of Charge** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please mail or return form to:**  
**Alana Adams**  
**The Arts Center Of Coastal Carolina, 14 Shelter Cove Ln, Hilton Head, SC 29928**