

We recommend calling us to register if it is less than ten days before your class begins. If registering a child, please include his or her age and name of parent.

name _____ child's age _____

name of parent _____

current mailing address _____

city _____ state _____ zip _____

telephone (evening) _____ telephone (day) _____

e-mail _____

Payment by:

- Check or money order (*enclosed, payable to IS183*)
- Charge my credit card: (*plus \$2.50 Credit Card Processing Fee*)
 - MasterCard VISA AmEx Discover

card no. _____ expires _____

signature _____

Course(s)

1 _____ tuition \$ _____

2 _____ tuition \$ _____

3 _____ tuition \$ _____

4 _____ tuition \$ _____

5 _____ tuition \$ _____

tuition total \$ _____

materials fees \$ _____

\$2.50 Credit Card Processing Fee \$ _____

Tax-deductible contribution to IS183 \$ _____

Please apply my gift to: Annual Fund Scholarship Capital Campaign

Thank you! **TOTAL ENCLOSED \$** _____

Phone: (413) 298-5252 • Fax: (413) 298-5257