

ARTS! Classes Registration

Student name: _____

Parent name (if applicable): _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone (Cell): _____

Phone (Home): _____

Emergency contact: _____

Relationship: _____

Phone: _____

**TRAHC reserves the right to photograph/videotape students and use their likeness in publications created by TRAHC and its affiliates. This material may be published in, but is not limited to supplemental products, company websites and advertising materials. TRAHC reserves the right to edit content where necessary without review. Please contact Amy Donohoe at 903.792.8681 if you do not wish to be photographed.*



Return to:
TRAHC - ARTS! Classes
PO Box 1171
Texarkana, TX 75504

Check box of the semester you are registering for:

Winter Spring Summer Fall

Class Code	_____	Cost	_____
Class Code	_____	Cost	_____
Class Code	_____	Cost	_____
Class Code	_____	Cost	_____

Subtotal from Class Registration: _____

TRAHC Membership Discount*: _____

**Please call Amy Donohoe 903.792.8681 to get membership discount amount.*

Grand Total: _____

**Tuition must be paid in full at time of registration
to ensure participation.**

Please make checks payable to TRAHC, Inc.

Credit Card:

Visa Mastercard Discover

Card #: _____

Exp: _____

Signature: _____