



WHITE BEAR
Center
for the
Arts

WBCA Class Registration Form

Mail to:

Fax to:

White Bear Center for the Arts
4971 Long Avenue
White Bear Lake, MN 55110

651.429.1569

Adult Name: _____

Address: _____

City, State, Zip: _____

Day phone: _____

Alt. phone: _____

E-mail: _____

Check one: Current Member New Member Non-member

Class #	Class Title	Student Name & Birthdate (if under 18)	Class Fee

\$ _____ **Class fee total**

\$ _____ I am a first-time student (deduct 15% from total class fees)

\$ _____ Yes! I want to become a new/renewing member. Included are my membership dues.

\$ _____ I support the arts! Here is my tax deductible contribution to the WBCA.

\$ _____ Contribution to the Bob Straube Memorial Scholarship Fund (No pledge is too small)

\$ _____ **Total enclosed**

Check payable to WBCA is enclosed Charge my credit card (Visa, Mastercard, Discover)

Name on card: _____

Card #: _____

Exp. Date: _____ CVV: _____

Signature: _____

Questions? Phone 651.407.0597 or email wbc@whitebeararts.org