

registration form

child (if under 18)

MAIL COMPLETED FORM
AND FULL PAYMENT TO:

NBCA
115 State Street, Bldg. 1
Heritage State Park
North Adams, MA 01247

STUDENT NAME	AGE/GRADE	GENDER	COURSE	DATES	TUITION
		<input type="checkbox"/> F <input type="checkbox"/> M			\$
		<input type="checkbox"/> F <input type="checkbox"/> M			\$
		<input type="checkbox"/> F <input type="checkbox"/> M			\$
		<input type="checkbox"/> F <input type="checkbox"/> M			\$
		<input type="checkbox"/> F <input type="checkbox"/> M			\$

Parent/Guardian Info

TOTAL TUITION \$

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Name(s) of Person(s) picking up child if different from parent _____ Special Instructions (allergies, etc.) _____

adult

STUDENT NAME	COURSE	DATES	TUITION
			\$
			\$
			\$
			\$
			\$

TOTAL TUITION \$

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

membership

I am a member of NBCA My child attends Pine Cobble I am a member of the Clark

I would like to take advantage of discounted fees and become a member of NBCA at the giving level of:

\$25 Individual \$50 Family \$_____ Sustaining

payment method

total payment \$ _____

Check Visa/MasterCard American Express Cash

Credit Card # _____ Exp. date _____ Print name as it appears on card _____

FOR OFFICE USE ONLY:

REGISTERED ENTERED SCHOLARSHIP AMOUNT CHECK # AUTH. # PROCESS DATE