



CLASS REGISTRATION FORM

DIVA 110 W. Broadway Eugene OR 97401 344-3482 www.divacenter.org



Mail: send registration form & payment to DIVA.

Phone: call DIVA with credit card in hand Tue-Sat. 12:00pm-5:00pm

Walk in: come by DIVA Tues-Sat. 12:00pm-5:00pm

Email: contact diva.programs@gmail.com

LAST NAME _____ FIRST _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE: HOME _____ WORK _____ CELL _____

EMAIL _____ WEBSITE _____

KIDS & TEENS PLEASE ALSO PROVIDE THE FOLLOWING:

BIRTHDATE _____ SCHOOL/GRADE _____

PARENT/GUARDIAN NAME _____

PARENT ADDRESS (if different) _____

CONTACT IN EMERGENCY _____

SPECIAL NEEDS OR CONCERNS _____

NOTE: An additional permission slip may be required before first class meeting.

CLASS INFORMATION

CLASS NAME _____ DATE _____ TUITION _____ MATERIALS _____

Use back of form for additional classes.

TOTAL _____

PAYMENT

Receipt # _____ (office use)

_____ CASH _____ CHECK

_____ CREDIT CARD (VISA/MC) Name on Credit Card _____

Credit Card Number _____ EXP. DATE _____

Signature _____

How did you hear about this class? _____

_____ Contact me for volunteer opportunities. _____ I would like to sign up for DIVA's e-Newsletter.