



OXFORD COMMUNITY ARTS CENTER
10 S. College Ave, Oxford, Ohio 45056
513-524-8506 info@oxarts.org

REGISTRATION FORM

Class or classes you wish to attend _____

Class Instructor: _____

Tuition Amount Enclosed _____ *(Mastercard, Visa and Discover are also accepted.*
Please phone your information into the OCAC office)

Student Name _____

Address _____

Name of parent or
guardian _____

Home and work phone _____ Cell phone _____

Email _____

Emergency Contact:

Name: _____ relationship: _____

Phone# _____

I, _____ parent/guardian of _____

Agree not to hold the Oxford Community Arts Center or any of its teachers, employees or interns liable for any injuries incurred during class or on the premises. Photographs of participants will be used by OCAC for publicity and/or grant purposes.

Signature: _____ Date: _____

2009/10