



REGISTRATION FORM

How did you hear about the Xiem Clay Center? _____

Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

\$100 deposit required to hold a space in the class. Course fees must be paid in full by the first class meeting and are non-refundable after the class begins.

Session #	Course	Instructor	Day/Time	Tuition

Tuition Total: _____

Deposit: _____

Balance Due: _____

Payment Method: Check Visa Master Card American Express

Check payable to: Xiem Clay Center
1563 North Lake Ave
Pasadena, CA 91104

Credit Card Number: _____

Expiration: ____/____ Zip Code: _____

Signature _____ Date _____