

MAJESTIC RANCH ARTS FOUNDATION

Program Registration Form

Participant information:

First name Middle name Last name Title (Mr/Mrs/Ms/Dr)

Street address City State/Zip

Home phone Cell phone Work phone (optional)

Email address

Will you be requesting credit for teacher continuing education certificate? yes no

Do you wish to declare a disability or request accommodation? yes no

Registration

Course/Workshop Name	Dates/session I or II (when available)	Cost	Total

Payment & Refund Policy: payment is due in full 30 days before class begins (where possible.) Payment is required upon registration to hold your place in the class. Refunds will be given if requested two weeks before the day of the first class meeting. Please see website for full details of payment and refund policy.

Payment method (if not online payment)

Credit card Check

Card No. _____ Expiration date _____ CCV No. _____

Name on card

Cardholder's signature

Billing zip

**Please complete this form and return with check or credit card information (if appropriate) to:
Registrations, Majestic Ranch Arts Foundation, 543 Highway 46 West, Boerne TX 76008
Telephone: 830-537-4654 Fax: 866-863-6723 Email: majesticranch@mraf.org**