



BRIDGEVIEW

SCHOOL OF FINE ARTS

REGISTRATION FORM. ADULT PROGRAMS.

STUDENT NAME _____

STREET ADDRESS (for new students or if changed) _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ HOME PHONE _____

E-MAIL ADDRESS _____

Where did you study art before? _____

Do you have BFA or MFA degree? _____ If Yes, from which college/university _____

Why do you want to take a class at Bridgeview? _____

Class 1: _____ Day/Time _____ Tuition _____

Class 2: _____ Day/Time _____ Tuition _____

Class 3: _____ Day/Time _____ Tuition _____

Total payment enclosed: _____ \$ _____

METHOD OF PAYMENT

Check ___ Venmo ___ Money Order ___ Credit Card ___ Card No : _____ Exp. _____

Last 3 digits of security code (back of credit card) _____

Please note that we prefer not to accept credit cards, only if nothing else is available. **We do not accept American Express**

If paying by check, write the check to the Bridgeview School and send it to

Bridgeview School
Attn. Lena Murray, Director
126 Landon Ln
Orange VA 22960

If you need additional information please call the school at (540)360-4370.