

# MAJESTIC RANCH ARTS FOUNDATION

Date \_\_\_\_\_

MRAF # (office use) \_\_\_\_\_

**Participant information:** please print:

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

\_\_\_\_\_  
Street address    City    State/Zip

\_\_\_\_\_  
Home/Cell phone    Work phone (if applicable)

\_\_\_\_\_  
Email address    Date of birth

female                       male

Are you a:     first time MRAF participant?     returning participant?

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	Time	Cost

**Payment is due in full one week before your class starts**

Payment method <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Credit card		
Card No. _____	Expiration date _____	CCV No. _____
_____ Cardholder's Name	_____ Cardholder's signature	
_____ Cardholder's mailing address		

**Please complete this form and return with check or credit card information to:**  
Registrations, Majestic Ranch Arts Foundation, 543 Highway 46 West, Boerne TX 76008  
Telephone: 830-537-4654    Fax: 830-537-4681    Email: jane.wilson@mraf.org