

REGISTRATION FORM

Date _____

Participant Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Purchaser Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

If participant under 18: Age _____ Name of Parent/Guardian _____

Allergies or restrictions, if any: _____

Emergency Contact _____ Phone _____ Relationship _____

ADULT CLASS(ES)	TUITION
	\$
	\$
SPECIAL ADULT CLASS(ES)	
	\$
	\$
INTENSIVE WORKSHOP(S) <i>adult</i>	
	\$
	\$
CHILDREN'S CLASS(ES)	
	\$
	\$
CHILDREN'S SEASONAL WORKSHOP(S)	
	\$
	\$
CHILDREN'S SUMMER CAMPS**	
	\$
	\$

TOTAL TUITION \$ _____

I will make an additional contribution to Art Barn School of Art **DONATION** \$ _____

TOTAL AMOUNT DUE \$ _____

Payment Options: Check # _____ *(made payable to Art Barn School of Art)*
 Credit Card # _____ - _____ - _____ - _____ Exp. Date ____/____ Security Code _____
 Signature _____ Date _____

I give Art Barn School of Art , Inc. permission to use my image/my child's image, as will as images of my/his/her artwork for purposes of promotion in connection with Art Barn.

Signature _____ Date _____

No registration will be taken without full payment. Refunds issued minus a \$25 fee through the first class.

For Office Use Only:
 Entered into Class Participation Excel Sheet _____ (staff/volunteer initials) Entered into Quickbooks _____ (staff/volunteer initials)

No refunds permitted after that time. No refunds on workshops unless cancelled by Art Barn School of Art.

For Office Use Only:

Entered into Class Participation Excel Sheet _____ (staff/volunteer initials) Entered into Quickbooks _____ (staff/volunteer initials)