

ARTISTS' EXCHANGE CLASS REGISTRATION FORM

Today's Date: _____

Student Name: _____ D.O.B: _____

Parent Name: _____

Are you on our mailing list? (circle one) YES NO If NOT, please include below:

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Alternate Phone: (_____) _____

Email: _____

How did you hear about us? (circle one)

From a Friend Newspaper Magazine Walk/Drive By Online Search Facebook/Twitter

Other: _____

Class 1: _____

Day _____ Fee _____

Class 2: _____

Day _____ Fee _____

POLICY NOTICES

Artists' Exchange reserves the right to cancel a class if minimum enrollment is not reached. Classes cancelled by Artists' Exchange will receive a full refund. Missed classes are non-refundable. No refunds on class tuition after the start of classes. No exceptions. All efforts will be made to reschedule classes cancelled due to weather, however, make - ups are not guaranteed. Registering for class grants modeling release for photos that may be taken of students for promotional purposes by Artists' Exchange. Student work must be picked up within 2 weeks or may be discarded.

- DISCOUNT (if applic.): _____ (DISCOUNT TYPE: _____)

TOTAL DUE: _____

>>>>>>>>> **STAFF ONLY** <<<<<<<<<<

PAID AMOUNT: _____

check#: _____

cash: _____

credit card: _____ Exp. Date: _____ **Balance Due:** _____

Date Processed: _____ Staff Initials: _____ ACTIVE: _____