

## ART CLASS REGISTRATION FORM

Please complete the following form to register for upcoming art classes. Ensure all information is accurate and complete. Thank you!

Student Information			
First Name		Last Name	
Phone		Email Address	
Street Address	City	State	Zip Code
Emergency Contact Name		Emergency Contact Phone Number	

Class Scheduling Information	
Select your art class(s)	Indicate preferred class time

By submitting this form, I agree to the following terms and conditions:

- I understand that the registration fee is non-refundable.
- I agree to abide by the rules and regulations set by the art class instructor and the organization.
- I grant permission for photographs or videos of myself during the class to be used for promotional purposes.

**Signature Date:**

**Signature:**