



2016-2017 Registration for Arts Place ArtWorks Classes

Use one form per participant. More forms are available for download at artsland.org.

Enrollment represents a contractual obligation. A refund will only be issued if the class is canceled by Arts Place.

Name: _____ Age: _____

Address: _____

City, State, and ZIP code: _____ School: _____

Contact Preferred Phone: _____ Other Phone: _____

Email: _____ Yes, I would like to receive promotional information and special offers regarding events and educational programs at Arts Place

Parent/Legal Guardian Name: _____

Address and Phone Number (If different than above): _____

Emergency Contact Name and Phone Number: _____

By registering for this lesson, I give permission for Arts place to use photographs, video, and/or audio recordings of this lesson participation for the promotion of Arts Place, including but not limited to: advertisements, video, print, and website.

Directions: List the lessons for which you are registering. For additional lessons, please make copies as needed. At least \$20 needs to be paid at the time of registration. This will come off of the total cost of the lessons. Complete this form and mail or deliver to a location listed below.

Class: _____ Session: _____ Center: _____ Cost: _____

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OFFICE USE ONLY		<u>Circle Form of Payment:</u>			Total Cost: _____
Cash	Check# _____	Visa	Mastercard	Amount Paid (\$20 Minimum) _____	
Date _____	RB# _____	_____	Initials _____	Balance Due: _____	

Please mail to deliver payment and registration to (if mailing, send to Portland Center):

Portland Center
131 East Walnut Street
PO Box 804
Portland, IN 47371

Auglaize/Mercer Center
207 East Spring Street
PO Box 452
St Marys, OH 45885

Blackford County Arts Center
107 West Washington Street
PO Box 362
Hartford City, IN 47348

Where did you learn about ArtWorks offerings? Circle all that apply:				
Mailing	Newspaper	Radio	Word of Mouth	Billboard
Facebook	Past Student	Other: _____	Brochure at: _____	

Financial Aid Applications are available. You must include a copy of your most recent Federal Tax Forms with the application.

READ BEFORE SIGNING: My signature indicates that I have read the policies and obligations on this form and the policy agreement for Arts Place. I agree to pay the attorney fees and related costs incurred by Arts Place, INC. if I should default on this agreement.

This registration is not considered complete without a signature.

X _____
(Signature of parent/legal guardian/student over the age of 18) (Date)