

2019 Arts in the Parks Registration Form

Please use one form per participant

Students may sign up for as many classes as they wish. Every effort will be made to accommodate your requests on a first come, first served basis as availability of each class is subject to limited enrollment. A confirmation of enrollment will be mailed or emailed to each student. Each class has a corresponding letter and number code listed next to its description. Please be certain to list all wanted class codes, titles, and costs in the blanks below.

If you need more space, attach a piece of paper.

This Box for Office Use Only	
Date Received: _____	Initials: _____
Number: _____	RB#: _____
Amount Paid \$ _____	Scholarship? Y N
Emailed Confirmation? Y N	
Scanned: _____	

Student Name: _____ Age: _____

School: _____ Grade completed: _____ DOB: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip code: _____

Parent/Legal Guardian Name(s): _____

By registering for these classes, I give permission to Arts Place to use photographs, video, and/or audio recordings of class participation in the promotion of Arts Place, including but not limited to advertisements, video, print, and web.

For Art Camp or Theater Camp registrations please use the form on the previous page.

Class Code	Class Title	Cost
Ex: SM1	Example: Screen Print a T-shirt	\$5
		\$5
		\$5
		\$5
		\$5
		\$5
		\$5
		\$0
		\$0

Check this box if you are eligible for free or reduced meals to qualify for an Arts in the Parks scholarship.

By signing here you attest the above statement to be true _____

Total Amount Due: \$ _____ (\$5 per class. 6 or more classes only \$30)

Amount Enclosed: \$ _____ Please Note: Refunds will be made only to students who are cut from classes due to over-enrollment.

I want to be eco-friendly! Send my registration confirmation to my email at: _____

Yes! I am Interested in learning more about how to become a member of Arts Place and great programming such as Arts in the Parks, ArtWorks, MusicWorks, Performances, and so much more!

Yes! I would like to volunteer my time for Arts in the Parks.

Available Times: _____ Phone # _____

Read and sign: The parent or legal guardian of the participant agrees that Arts Place, Inc., its employees and contractors shall have no liability whatsoever for any injury or damage to the student sustained while attending Arts in the Parks Activities.

Parent/Legal Guardian Signature: _____ Date: _____

Return form with payment to Arts Place, Inc. 131 E Walnut St. P.O. Box 804 Portland, IN 47371