

The Drawing Studio
CLASS REGISTRATION

Name: _____ Preferred Name: _____

Mailing Address: _____ City/State: _____ Zip: _____

Phone: _____ E-mail: _____ Associate? Yes No

If new, how did you hear about us? _____

Youth students only: Age: _____ Grade: _____ School: _____

Course 1: _____

Instructor: _____ Dates: _____ Fee: _____

Course 2: _____

Instructor: _____ Dates: _____ Fee: _____

Course 3: _____

Instructor: _____ Dates: _____ Fee: _____

Payment Type:

Cash Check: (payable to The Drawing Studio) # _____ Attached or Due by: _____

Credit Card: M/C VISA Card # _____ Exp date: _____

Cardholder name (if different from above): _____

Refund Policy

Class cancellation or withdrawal 2 weeks before class begins = full refund or credit

Withdrawal within 2 weeks of start date = 50% refund or credit

No refund once class begins. **Credit** is valid for 6 months.

Total Due: \$ _____

Amount Paid: \$ _____

Balance Due: \$ _____

Comments:

Registration:

Registered by: _____

entered on class list (in class list binder)

supply list attached

to Office Manager on (date): _____

Office Manager:

mailing list

registration processed

copies for accountant & registration book

receipt etc. mailed out on (date): _____