

**RRAA ADULT CLASS REGISTRATION FORM**

\*\*\*\*\* This form must be completed and signed by student -Please Print\*\*\*\*\*

Title of Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Date of Class: \_\_\_\_\_ Time of Class: \_\_\_\_\_ Cost of class: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any medical conditions, allergies, or special concerns we should be aware of. \_\_\_\_\_

In case of Emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

**For Office use only:**

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ (Circle One) Cash Check Charge

Invoice # \_\_\_\_\_

**Please read the following terms carefully and sign:**

1. Refund Policy:

(A) If student cancels, only 50% of student payment is refundable.

(B) If Instructor cancels the class, 100% is refundable.

2. In the unlikely event of a medical emergency, every possible effort will be made to contact the aforementioned person and medical assistance will be summoned.

3. Upon receipt of payment, you will receive class info & supply list (also on www.artgumbo.org).

4. Mail registrations will be treated on first come basis.

**RELEASE OF LIABILITY:**

My signature acknowledges that I have read, and fully understand the RRAA policies stated herein. I hereby release River Region Art Assn., its officers, members, volunteers, and class instructors from any and all claims for injury, loss, damage, or negligence; I may suffer as a result of participation in a class.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Please mail or take this registration with payment to:

**River Region Art Assn. Gallery, 1835 N. Magnolia Ave., Gonzales, LA 70737**

**Gallery Phone: 225-644-8496 (hours: Tues. - Sat.; 10-4)**