REGISTRATION FORM – CLASSES
River Region Art Association

Please print clearly.

Title of Class: _____ Instructor: _____

Date(s) of Class: _____ Time of Class:

Class Fee: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone:

Email: _____

Terms and Conditions:

- Refund Policy If participant cancels, only 50% of payment is refundable.
  If presenter cancels, 100% of payment is refundable.
- Due to limited enrollment, registration will be accepted on first received basis.
- Upon receipt of registration and payment, instructor will contact student and provide class information.

Release of Liability:

My signature acknowledges that I have read and fully understand the terms and conditions stated herein. I hereby release River Region Art Association, its officers, volunteers, and workshop presenters from any and all claims for injury, loss, damage, or negligence I may suffer as a result of participation in this class.

Signature: _____ Date: _____

For Office Use Only

Amount Paid: _____ Check ____ Check # _____Cash ____ Charge

Date Received: _____ Receipt Number: _____