

Phone #
202-669-7652



Spring VA 2008
Registration Form

www.art-stream.org

Student Information:

Name: _____

Address: _____

Home Phone #: _____

Cell Phone#: _____

Work Phone #: _____

Email: _____

Gender: Male Female

Date of Birth _/_/___/___ Age _

Emergency Contact Information:

Name: _____

Address: _____

Home Phone #: _____

Cell Phone#: _____

Work Phone #: _____

Email: _____

Registration is not valid until registration
form and payment have been received in full.

Class

01-161 Instructor: Patricia Woolsey

Location: Lee Community Center

(Thursdays April 3 - June 19)

Tuition Amt.: \$ 300

I would like to Donate: \$ _____

Total Amt. Paid: \$ _____

Type of Payment: (Payment Plans available)

Cash Check Money Order

Medical or other special needs of the student, such as
allergies, medications, or physical, cognitive, or
emotional disabilities:

I understand and agree that:

1. Refunds must be requested in writing before the end of the second class. Refunds requested less than 2 business days before the first class starts are subject to an administrative fee of 15% of the full tuition.
2. Although ArtStream tries its best to provide a safe environment, there is always a risk of accident or injury. Each student (or parent or guardian) is responsible for any medical bills or other costs for illness or injury related to participation with ArtStream. Students must be covered by their own accident and medical insurance. I release and indemnify ArtStream from all liability for any claims or damages arising out of the student's participation. I authorize ArtStream to provide first aid and authorize medical treatment for the student.
3. ArtStream has my permission to use photographs, audio, and videos of classes and performances for any purpose, including promotional, educational, and commercial uses.

_____ Date _____

Signature of Student (Or Legal Guardian)

Please mail check or money order (No Cash By Mail) made out to *ArtStream*, and completed form to:
ArtStream Inc.
PO Box 76490
Washington, DC 20013-6490