

Registration Form 2009/2010

Cash Receipt No.
For Office Use Only

Register Online at www.theartleague.org/school

or

Send or fax this Form with full payment to:
THE ART LEAGUE SCHOOL Fax: 703.683.0167
105 NORTH UNION STREET
ALEXANDRIA, VA 22314

School Office Info:
Tel: 703.683.2323
Hours: Mon-Sat, 10:00am to 5:00pm
www.theartleague.org/school

STUDENT INFORMATION

Name _____

Address (check if new address) _____

City _____ State _____ Zip Code _____

Day Phone _____ Eve Phone _____

Email (for class confirmation) _____

Minor's Age _____ Minor's Adult Contact _____

Emergency Contact & Phone _____

New to our School? yes no New to the Course(s)? yes no

Heard about the school by: Word of Mouth Advertising Catalog Website Web search Other _____

COURSE INFORMATION

Term: Fall Winter Spring Summer and/or: Workshop* Camp

Course Title _____ Course Title _____

Instructor _____ Instructor _____

Day/Time _____ Day/Time _____

Cost _____ Cost _____

*Workshop Date(s) _____ & _____

PAYMENT INFORMATION

Payment enclosed (check/money order payable to **The Art League**, no cash by mail please).

Yes, I would like to include \$1 with my payment in support of the Student Scholarship Fund (ie: cost + \$1) or other amount: _____
(please specify)

VISA MasterCard Discover Network

Card # _____ Exp. Date ____ / ____ 3-Digit Security Code _____

Cardholder's name (please print) _____

Cardholder's signature required _____

ALL STUDENTS: By submitting this form you indicate that you agree to abide by the school policies (see page 3) including the refund policy that states— No refunds are given unless we are notified one week prior to a workshop or camp, or the Friday prior to the start of term for classes (see school calendar). There is a nonrefundable registration fee of \$15 (this fee is included in the tuition).

Name (please print) _____ Signature required _____