

The Drawing Studio
33 S. 6th Ave · Tucson, AZ 85701-1805
Phone: (520) 620-0947 · Fax: (520) 620-0558 · Email: manager@thedrawingstudio.org

CLASS REGISTRATION

Name: _____ Preferred Name: _____

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

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

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

Parent(s): _____

If new, how did you hear about us? _____

Course 1: _____

Instructor: _____ Dates: _____ Fee: \$ _____

Course 2: _____

Instructor: _____ Dates: _____ Fee: \$ _____

Course 3: _____

Instructor: _____ Dates: _____ Fee: \$ _____

Associate Membership: New or Renewal / Individ. or Family valid to: _____ Fee: \$ _____

Payment Type: Cash Credit Gift Certificate Check # _____ (payable to The Drawing Studio)

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

Cardholder name (if different from above): _____ Total Due: \$ _____

Refund Policy:

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

Withdrawal within 2 weeks prior to start date = 50% refund or full credit

No refund once class begins. Credit is valid for 1 year.

Credit /Gift Certificate: \$ _____

Cash/CreditCard/Check: \$ _____

Balance Due: \$ _____

Comments for student:

Registered by: _____

paper clip with supply list & addressed envelope

to Office Manager on (date): _____

(Place enrollment in Office Manager's "In" box)

This section to be completed by Office Manager:

payment processed

entered on class list & mail database

receipt etc. mailed out on (date): _____