

CLASS REGISTRATION

Name: _____ Preferred Name: _____

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

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

For youth students: Age: _____ Grade: _____ School: _____ Parent(s): _____

If you are a new student, 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 / Indiv. or Family valid to: _____ Fee: \$ _____

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

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

Cardholder name (if paid by someone other than student): _____ Total Due: \$ _____

<p>Payment in full is due with registration. Early registration is advisable; class space is limited and classes with low enrollment may be cancelled.</p> <p>Refund Policy: Class cancellation or student withdrawal more than 2 weeks before class start = eligible for a full refund (by check) or TDS credit. Student withdrawal from class less than 2 weeks prior to start date = eligible for a 50% refund (by check) or full TDS credit. No refund or credit once class begins. TDS credit is valid for 1 year.</p>
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payment: \$ _____
other _____: \$ _____
credit balance or balance due: \$ _____

For Office use:

Enrolled by: _____ Date: _____

- supply list attached
- envelope addressed
- payment processed
- entered on class list
- mail database updated
- receipt etc. mailed out (date): _____

Notes for Student:
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