The Drawing Studio, Inc.
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 ☐

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: $_____

Payment in full is due with registration. Early registration is advisable; class space is limited and classes with low enrollment may be cancelled.
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.

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: