

YOU GOTTA HAVE ART CLASS REGISTRATION FORM

(Please Print)

Art Class/School Name _____ Day _____ Session _____ Time _____

Participant's Name _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Age (children sessions only) _____ Date of Birth _____ Home Phone _____

Parent/Guardian _____ Cell _____

Email _____ Work Phone _____

Emergency Contact Person(s) _____ Tel _____

_____ Tel _____

List any Medical Conditions _____

I/We, the above participant(s), and parent(s)/guardian(s), do hereby consent to participation in the above program, including all activities to the program. I/We assume all responsibilities for, and risks and hazards of, participation in the named program. I/We understand that **NO REFUNDS** will be issued. We reserve the right to compliment your child or you by using any classroom artwork in future promotions.

Date _____ Signature of Participant or Guardian(s) _____

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT: (Select One)

VISA MC AMEX DISC CHECK # _____

(There is a \$20.00 service charge on all returned checks)

Card Number _____

Expiration Date ____ / ____

Please send payment to: **YOU GOTTA HAVE ART • P.O. Box 3834, Alpharetta, GA 30023-3834 •**
Telephone: 770.667.9337 • Fax: 770.360.9798 • Web: www.yougottahaveart-studio.com •
Email: artist1@yougottahaveart-studio.com