

REGISTRATION FORM – CLASSES
River Region Art Association

Please print clearly.

Title of Class: _____ Instructor: _____

Date(s) of Class: _____ Time of Class: _____

Class Fee: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Release of Liability:

My signature acknowledges that I have read and fully understand the terms and conditions stated herein. I hereby release River Region Art Association, its officers, volunteers, and workshop presenters from any and all claims for injury, loss, damage, or negligence I may suffer as a result of participation in this class.

Signature: _____ Date: _____

For Office Use Only

Amount Paid: _____ Check _____ Check # _____ Cash _____ Charge _____

Date Received: _____ Receipt Number: _____