

REGISTRATION FORM**SUMMER ART PROGRAM 2018****River Region Art Association**

Please print clearly and use a separate form for each student.

Name of Student: _____ Age (as of 6/1/2018): _____

Name of Parent or Guardian: _____

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

Phone 1: _____ Phone 2: _____ EMAIL: _____

List any medical conditions, allergies, etc.: _____

SCHEDULE: Classes Monday through Friday each week **Each Session \$90**

Check Week	Week	Date	Class	Times	Ages	Fee
	Week 1	June 11-15	Painting & Drawing	9 am – noon	Ages: 6 - 11	
	Week 1	June 11-15	Painting & Drawing	1 pm– 4 pm	Ages: 12– 15+	
	Week 2	June 18-22	Jewelry Making	9 am – noon	Ages: 6 - 11	
	Week 2	June 18-22	Beginning Watercolor*	1 pm– 4 pm	Ages: 12– 15+	
	Week 3	June 25 -29	Mixed Media	9 am –noon	Ages: 6 - 11	
	Week 3	June 25 -29	Photography	1 pm– 4 pm	Ages: 12– 15+	
	Week 4	July 16-20	Mixed Media	9 am -noon	Ages: 6 - 11	
	Week 4	July 16-20	Beginning Watercolor*	1 pm– 4 pm	Ages: 12– 15+	
					Total	\$

+Indicates that we will accept older students in these classes *\$25 Supply fee-paints, brushes, paper, palette

Terms and Conditions:

*Due to a limited enrollment, registration will be accepted on a first received basis.

*Arrive and pick-up of students are to be no more than 10 minutes before and after the class.

*Refund Policy – If participant cancels, 50% of payment is refunded.

CLASSES FILL UP EARLY – Don't hesitate! You will be emailed notification of enrollment and sent a confirmation letter when your registration and fee are received. Please have a clearly written email address.

Make check payable to River Region Art Association and mail to 320 E. Ascension St., Suite C, Gonzales, LA 70737 or drop your registration form at the Depot Gallery at the above address, Wednesday – Saturday, 11 am-4pm or Sunday 12 – 4 pm.

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 instructor who are under contract with RRAA, from any and all claims for injury, loss, damage or negligence my child may suffer as a result of participation in the River Region Summer Art Program 2018.

Signature of Parent or Guardian: _____

For Office Use Only

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

Date Received: _____ Receipt Number: _____