

CHILD - Registration Form River Region Art Association

(Please use a separate form for each child.)

Class Title _____ Dates _____

Class Teacher _____ Registration Fee _____

Student _____ Age _____

Parent or Guardian _____

Address _____ City _____

Phone _____ Email _____

Med. conditions, food allergies, etc _____

Payment CASH, CHARGE, or CHECK. Make payable to **River Region Art Association**.
Mail your registration, with check, to the address below, or take it to the **Depot Art Gallery**.

Depot Art Gallery open Wed-Sat 11:00-4:30pm & Sunday
12:00-4:00pm.

Our **new** location is 320 East Ascension St, Suite C, Gonzales, La 70737.

Release of Liability (required)

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

Signature of Guardian: _____ Date: _____

Permission to use photos of my child for future publicity of RRAA programs (optional)

Signature of Guardian: _____ Date: _____

For Docent to record -----

Amount paid: _____ Check _____ Check # _____ Cash _____ Charge _____

Date received: _____ Receipt No: _____ Received by _____