

Registration Form 2019/20

Cash Receipt No. _____
For Office Use Only

Mail or Fax form w/ full payment to:
THE ART LEAGUE SCHOOL
 105 NORTH UNION STREET
 ALEXANDRIA, VA 22314
 or **register online** at www.theartleague.org

School Office
 Fax: 703-519-1769
 Tel: 703-683-2323
 Hours: Mon-Sat,
 10:00am to 5:00pm

STUDENT INFORMATION

Name _____ Email (for notifications) _____
 Address (check if new address) _____
 City _____ State _____ Zip Code _____
 Day Phone _____ Eve Phone _____
 If applicable: Minor's Age _____ Minor's Adult Contact _____
 Emergency Contact & Phone _____
 New to our School? yes no New to the Course(s)? yes no
 Heard about the school by:
 Word of Mouth Catalog Social Media Web search Online ad Torpedo Factory Other

COURSE INFORMATION

Term: Fall Winter Spring Summer and/or: Workshop* Camp

Course Title _____ Instructor _____ Day/Time _____ Cost _____	Course Title _____ Instructor _____ Day/Time _____ Cost _____
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 If applicable: *Workshop Date(s) _____ & _____

PAYMENT INFORMATION

Payment enclosed (check/money order payable to The Art League, no cash by mail please).
 Yes, I would like to include \$1 with my payment to support the Student Scholarship Fund (or other amount: _____)
 VISA MasterCard Discover Network
 Card # _____ Exp. Date ____ / ____ 3-Digit Security Code _____

Cardholder's name (please print) _____

Cardholder's signature required _____

All Students:

By submitting this form you indicate that you agree to abide by the school policies including the refund policy that states, "No refunds are given unless we are notified ten days prior to a workshop or camp, or the Friday prior to the start of term for classes". The Art League reserves the option of refusing admission to any person deemed incompatible with any class group due to disruptiveness, or for any impediment to the learning process of the group as a whole. The Art League reserves the right to substitute an appropriate instructor when necessary. There is a nonrefundable registration fee of \$20 (this fee is included in the tuition).

Signature required _____ Name (please print) _____