

Registration Form 2016/2017

Cash Receipt No.
For Office Use Only

Register online at www.theartleague.org

or

Mail or Fax form w/ full payment to:
THE ART LEAGUE SCHOOL
105 NORTH UNION STREET
ALEXANDRIA, VA 22314
Hours: Mon-Sat, 10:00am to 5:00pm

School Office Info:
Fax: 1-703-519-1769
Tel: 703-683-2323
www.theartleague.org

STUDENT INFORMATION

Name _____
Email (for class confirmation) _____
Address (check if new address) [] _____
City _____ State _____ Zip Code _____
Day Phone _____ Eve Phone _____
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 _____ Course Title _____
Instructor _____ Instructor _____
Day/Time _____ Day/Time _____
Cost _____ Cost _____
*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 in support of the Student Scholarship Fund (ie: cost + \$1)
or other amount: _____
[] VISA [] MasterCard [] Discover Network (please specify)
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 (see school calendar). There is a nonrefundable registration fee of \$20 (this fee is included in the tuition).

Signature required _____ Name (please print) _____