Registration Form 2025

Cash Receipt	Mail or Fax form w	/ full payment to:	School Office
	THE ART LEAGUE	- 0 0110 0 2	Fax: 703-519-1769
For Office Use Only	105 NORTH UNION ALEXANDRIA, VA		Tel: 703-683-2323 Hours: Mon–Sat,
		at www.theartleague.org	,
STUDENT INFORMATION	D 21/6		
Address (check if new addre			
City			Zip Code
Day Phone			
Emergency Contact & Phone			
New to our School? [] yes	[] no New to the Cours	e(s)? [] yes [] no	
Heard about the school by:			
[] Word of Mouth [] Catal	og [] Social Media [] W	'eb search [] Online ad []	Torpedo Factory [] Other
COURSE INFORMATION			
Term: [] Fall [] Wint			
Course Title			
Instructor		Instructor	
Day/Time	Cost	Day/Time	Cost
If applicable: *Workshop Dat	:e(s)	&	
PAYMENT INFORMATION	(for faxed and mailed regis	trations only)	
[] Payment enclosed (check	/money order payable to T	he Art League, no cash by t	mail please)
-		-	and (or other amount:)
[] VISA [] MasterCard [] Discover		
Card #		Exp. Date /	3-Digit Security Code
Cardholder's name (please p	rint)	Cardholder's sign	nature required
All Students:			
· ·	· -		ies (see page 1) including the ior to a workshop or camp, or
_ · · · · · · · · · · · · · · · · · · ·		· -	n of refusing admission to any
= = = = = = = = = = = = = = = = = = = =			y impediment to the learning
process of the group as a whenecessary. There is a nonrefu			n appropriate instructor when e tuition).
Signature required			