## RegistrationForm2023/24

11091911		
Cash Receipt No.	Mail or Fax form w/ full payment t	co: School Office
	THE ART LEAGUE SCHOOL	Fax: 703-519-1769
For Office Use Only	105 NORTH UNION STREET	Tel: 703-683-2323 Hours: Mon–Sat,
	ALEXANDRIA, VA 22314 or register online at www.theartle	
STUDENT INFORMATION		
	Email (for notifications) _	
	s)[]	
City		Zip Code
Day Phone		one
	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 [] Catal	og [] Social Media [] Web search [] O	nline ad [ ] Torpedo Factory [ ] Other
Course Title Instructor Day/Time	Instructor	cost
[ ] Payment enclosed (check. [ ] Yes, I would like to include \$1 [ ] VISA [ ] MasterCard [	for faxed and mailed registrations only) /money order payable to The Art League, r with my payment to support the Student Sch Discover Network Exp. Date	nolarship Fund (or other amount:)
Cardholder's name (please pr	cint) Cardh	nolder's signature required
All Students:		
refund policy that states, "No the Friday prior to the start of person deemed incompatible process of the group as a wh	indicate that you agree to abide by the so refunds are given unless we are notified to ferm for classes". The Art League reserve with any class group due to disruptivenes ole. The Art League reserves the right to sundable registration fee of \$20 (this fee is incompared to be as a Name (please).	ten days prior to a workshop or camp, or es the option of refusing admission to any es, or for any impediment to the learning substitute an appropriate instructor when cluded in the tuition).