RegistrationForm2024/25

Cash Receipt No.	Mail or Fax form w	// full payment to:	School Office
5 000 11 0 1	THE ART LEAGUE		Fax: 703-519-1769
For Office Use Only	105 NORTH UNIO ALEXANDRIA, VA		Tel: 703-683-2323 Hours: Mon–Sat,
		at www.theartleague.org	•
STUDENT INFORMATIO	N		
Name	Email (for	r notifications)	
Address (check if new ad	dress) []		
City		State	Zip Code
Day Phone		Eve Phone	
If applicable: Minor's Age	Minor's Adı	ult Contact	
Emergency Contact & Pl	none		
New to our School? []	ves [] no New to the Cours	se(s)? [] yes [] no	
Heard about the school b	y:		
[] Word of Mouth [] C	atalog [] Social Media [] W	Veb search [] Online ad []	Torpedo Factory [] Other
COURSE INFORMATION	I		
	inter [] Spring [] Su		
Course Title			
Instructor		Instructor	
Day/Time	Cost	Day/Time	Cost
If applicable: *Workshop	Date(s)	&	
PAYMENT INFORMATION	ON (for faxed and mailed regis	strations only)	
[] Dayment analoged (ab	eck/money order payable to T	The Art League, no each by	mail plagga)
			nd (or other amount:)
[] VISA [] MasterCard	* = * = =	r	
Card #		Exp. Date /	3-Digit Security Code
Cardholder's name (pleas	e print)	Cardholder's sign	nature required
All Students:			
-	you indicate that you agree to		
_ · · · · · · · · · · · · · · · · · · ·	"No refunds are given unless		
* =	art of term for classes". The Ar tible with any class group due		
process of the group as a	whole. The Art League reserv	ves the right to substitute ar	appropriate instructor when
•	refundable registration fee of		
Signature required	requiredName (please print)		