## Registration Form 2022/23

Cash Receipt No.	Mail or F	Fax form w/ full payment to:	School Office
	THE AR'	T LEAGUE SCHOOL	Fax: 703-519-1769
For Office Use Only		105 NORTH UNION STREET	
		NDRIA, VA 22314	Hours: Mon–Sat,
	or <b>regist</b> e	er online at www.theartleague.org	10:00am to 5:00pm
STUDENT INFORM	MATION		
Name	F	Email (for notifications)	
Address (check if ne	ew address) [ ]		
City		State	Zip Code
Day Phone		Eve Phone	
f applicable: Minor	·'s AgeMi	inor's Adult Contact	
Emergency Contact	t & Phone		
		the Course(s)? [] yes [] no	
	[] yes [] no New to t		
New to our School? Heard about the sch	[] yes [] no New to the hool by:	the Course(s)? [] yes [] no	
New to our School? Heard about the sch	[] yes [] no New to the hool by:		
New to our School? Heard about the sch  ] Word of Mouth	[] yes [] no New to to to hool by: [] Catalog [] Social Me	the Course(s)? [] yes [] no	
New to our School? Heard about the sch	[] yes [] no New to to to hool by: [] Catalog [] Social Me	the Course(s)? [] yes [] no	
New to our School? Heard about the sch  [ ] Word of Mouth  COURSE INFORMA	[] yes [] no New to thool by: [] Catalog [] Social Me	the Course(s)? [] yes [] no	orpedo Factory [] Other
New to our School? Heard about the sch [ ] Word of Mouth  COURSE INFORMA  Term: [ ] Fall	[] yes [] no New to thool by: [] Catalog [] Social Me	the Course(s)? [] yes [] no edia [] Web search [] Online ad [] To	orpedo Factory [] Other
New to our School? Heard about the sch [ ] Word of Mouth  COURSE INFORMA  Term: [ ] Fall  Course Title	[] yes [] no New to thool by:  [] Catalog [] Social Me  ATION  [] Winter [] Spring	the Course(s)? [] yes [] no edia [] Web search [] Online ad [] To  [] Summer and/or: [] Works  — Course Title	orpedo Factory [ ] Other
New to our School? Heard about the sch [ ] Word of Mouth  COURSE INFORMA  Ferm: [ ] Fall  Course Title  Instructor	[] yes [] no New to thool by:  [] Catalog [] Social Me  ATION  [] Winter [] Spring	the Course(s)? [] yes [] no  edia [] Web search [] Online ad [] To  [] Summer and/or: [] Works  Course Title Instructor	orpedo Factory [ ] Other

[ ] Payment enclosed (check/money order payable to The A	irt 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) \_\_\_\_\_