ART CLASS REGISTRATION FORM

DATE_____

PLEASE PRINT:
Student's Name_____
Age & Gender_____
Parent's Name (if child) _____
Address _____
_____
Phone (H) _____ (W)_____

CLASS / WORKSHOP TITLES

_____ Fee_____
Session_____

_____ Fee_____
Session_____

_____ Fee_____
Session_____

Please Circle One:
(Member)
(Non-member)

Membership Fee_____
(if applicable)
Total Fee_____

Check # _____(Made payable to **Lancaster Museum of Art**)

Charge: (Visa)_____ (MasterCard)_____

Card #_____ Exp. ____

I_____ (student or guardian) release LMA from any liability, claims, judgments or demands resulting from any course of instruction or supervision at the Lancaster Museum of Art.

Signature:_____

Date:_____

Please Note: Lancaster Museum of Art regularly photographs and/or videotapes activities and uses these images to promote our programs. Your registration in any LMA class gives us your permission to be photographed/video taped. LMA reserves the right to cancel/change any course listed, substitute instructors or modify fees as may be needed with little or no prior notice. If a student is unable to attend a class period for any reason, the LMA is not responsible for providing any make-up. Not attending class does not constitute an official drop or withdrawal from courses or cancellation of fees.