

Phone #
301-975-1008

Summer Silver Spring 2008
Registration Form



Student Information:

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Gender: Male Female

Date of Birth _ _ / _ _ / _ _ _ _ Age _____

Emergency Contact Information:

Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Class

02-165 Instructors: TBA

Location: Round House Education Center

(Tuesdays July 8 - 29)

Tuition Amt.: \$ 100

I would like to Donate: \$ _____

Total Amt. Paid: \$ _____

Medical or other special needs of the student, such as allergies, medications, or physical, cognitive, or emotional disabilities:

I understand and agree that:

1. Refunds must be requested in writing before the end of the second class. Refunds requested less than 2 business days before the first class starts are subject to an administrative fee of 15% of the full tuition.
2. Although ArtStream tries its best to provide a safe environment, there is always a risk of accident or injury. Each student (or parent or guardian) is responsible for any medical bills or other costs for illness or injury related to participation with ArtStream. Students must be covered by their own accident and medical insurance. I release and indemnify ArtStream from all liability for any claims or damages arising out of the student's participation. I authorize ArtStream to provide first aid and authorize medical treatment for the student.
3. ArtStream has my permission to use photographs, audio, and videos of classes and performances for any purpose, including promotional, educational, and commercial uses.

_____ Date _____
Signature of Student (Or Legal Guardian)

Please mail check or money order (No Cash By Mail) made out to *ArtStream*, and completed form to:
ArtStream Inc.
PO Box 76490
Washington, DC 20013-6490