

Registration Form

Send completed registration form to Inland Northwest Drawing School, 624 E. 24th Ave, Spokane, WA 99203.
Once we process your registration we will send an email confirmation. One form per student should be used.

Student's Name/Age _____

Class Name _____

Class Day/Time _____

Class Location _____

Start Date _____

Parent's/Guardian Name _____

Email _____

(We will use email for communication as much as possible)

Phone: _____

Address _____

City/State/Zip _____

Emergency Contact _____

Medical Concerns? _____

How did you hear about us? _____

Check the statements below and sign.

- My child and/or I agree to participate in this program and hereby release the Inland Northwest Drawing School and its staff, and Spokane Art Supply, Inc. and its staff from liability for any injury my child or I may suffer as a result of participation.
- I give the Inland Northwest Drawing School staff permission to see that my minor child receives medical treatment in an emergency.
- I agree that nameless photos of my child or myself may be used at the Inland Northwest Drawing School.
- I have read and agree to all school policies and procedures.

Payment Options (choose one):

- Credit Card -- automatic monthly withdrawal*

Card Type: Visa Mastercard

Name on card _____

Card # _____

Expires _____

- Check -- Must pay 3 months at a time*

Amount enclosed _____

Signature _____ Date _____