

REGISTRATION FORM

Send completed registration form to **Inland NW Drawing School**, P.O. Box 8513, Spokane, WA 99203. One form per student should be used. Include \$10 annual Administrative fee, \$15 per family.

Student's Name _____

Birthday/Age _____

Class name _____

Class Day/Time _____

Class Location _____

Start Date _____

Parent/Guardian Name _____

Email _____

Phone _____

Address _____

City _____

State _____ Zip _____

Emergency Contact _____

Medical Concerns _____

How did you hear about us? _____

Check the statements below & sign

My child and/or I agree to participate in the program & hereby release the Inland NW Drawing School & its staff, & Spokane Art Supply, Inc. & its staff from liability for any injury my child or I may suffer as a result of participation.

I give the Inland NW Drawing School staff permission to see that my minor child receives medical treatment in an emergency.

I agree that nameless photos & artwork of my child or myself may be used by the Inland NW Drawing School.

I have read & agree to all school policies & procedures.

Signature _____ ***date*** _____

Payment Options - Choose one:

Credit Card - automatic monthly withdrawal

Card Type: Visa Mastercard

Name on Card _____

Card # _____

Expires _____

Signature _____ ***date*** _____

Check - must pay 3 months at a time Amount enclosed _____

Signature _____ ***date*** _____

509-230-1880