

**INLAND NW DRAWING SCHOOL**  
**2011 SUMMER CAMP & CLASSES**  
**REGISTRATION**

Camps are limited to 12 students per camp  
Prices of camps & classes are on opposite side next to specific one

**All art supplies are provided by the school**

A variety of art media are used in our projects

**Students bring their own snack**

**www.indrawschool.com**

**QUESTIONS? CALL 230-1880**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Camp/Class \_\_\_\_\_ Day/Time \_\_\_\_\_

Camp/Class \_\_\_\_\_ Day/Time \_\_\_\_\_

Allergies or Medical Concerns \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

*Please check each statement below and sign:*

*My child and I agree to participate in this program and hereby release the Inland Northwest Drawing School and its staff and Spokane Art Supply and its staff of any liability or injury my child or I may suffer as a result of participation.*

*I give the Inland Northwest Drawing School permission to see that my minor child receives medical attention in an emergency.*

*I have read and agree to the tuition and registration policies as stated.*

*I understand that the school reserves the right to cancel the class if there are not enough students one week prior to the first day of class.*

*I understand that the tuition is no longer refundable 2 weeks prior to the first day of class.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT:**

Check Amount enclosed \_\_\_\_\_

**OR**

Visa/Mastercard # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

**Mail registration & payments to:**

**INLAND NW DRAWING SCHOOL, P.O. Box 8513, Spokane, WA 99203**

**www.indrawschool.com**

**(509)230-1880**