

Vintage Tales Studio LLC



ART CLASSES OR ART WORKSHOP REGISTRATION FORM



Student Full Name _____ Date of Birth/Age _____
Address _____
City _____ State _____ Zip _____

Emergency Contact Information

Emergency Contact Name _____
Relationship _____ Phone Number _____
Email _____

Art Class or Workshop (Circle One)

Age 6-9 Ages 10-13 Ages 14-18 Age Adult

Name of Class/Workshop Days/Times: _____

How did you hear about us? _____

Health Information

- Do you have any existing medical conditions or injuries? _____
- Are you currently taking any medications? _____
- Additional Information to Share _____

Payment Information

Payment Method: Cash Check

Total Amount Paid: _____

Policies/Terms/Conditions

- I understand that tuition is non-refundable for space for classes reserved for self/child.
- I authorize permission on the use of photos and video for advertisement.
- I hereby waive and release any and all rights and claims against Vintage Tales Studio LLOC and Jennifer Lueders.
- I comprehend that payment must be paid before class or workshop prior to date and time to reserve space in event.
- By signing this registration form, I acknowledge that I have read and understood all of the above policies, terms and conditions. This document is legally binding agreement when signed by registrant and is accepted by Vintage Tales Studio LLC and Jennifer Lueders.

Parent or Guardian Signature

Date