

ART ACADEMY Registration Form

(Please type or print clearly)

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): () _____

Phone (Cell): () _____

E-mail: _____

(Important – so that we may e-mail material lists, etc. to you)

Course Name: _____ Starts: _____

Instructor: _____ Time: _____

I am a member of the Art League of Hilton Head.

I am not a member of the Art League of Hilton Head.

Tuition as listed:

You are welcome to attend any class 1, 2 or 3 times for \$35/class.
If you do not have any materials, we can supply them for \$10/class.
If you would like to audit a class, it is \$15 – no pencils or paper.

Payment must be paid in full at time of registration. We are unable to give refunds. In special circumstances, tuition may be applied to another course. **A completed registration form must accompany your check.**

The preferred form of payment is by check, but we accept

Visa MasterCard

Credit Card No: _____ Sec. Code _____

Expiration Date: _____ Amount Paid _____

Name on Card: _____

Make checks payable to: **Art League of Hilton Head**

Send to: PO BOX 5367, Hilton Head Island, SC 29938-5367