

# Registration Form - Warren Fine Arts Center Courses

Please Print ( ) Current WTCFA Member ( ) Renewal ( ) Non- Member ( ) New Member

Date Registering \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

	Course #	Start Date	Short Title	Instructor	Tuition: Course	Tuition: Model	Tuition: Mat'l Fee	Tuition: Total
1								
2								
3								

Method of Payment: Cash ( ) Check # \_\_\_\_\_ (Make check payable to **Warren Tri-County Fine Arts, Inc.**)

Visa ( ) MasterCard ( ) Charge # \_\_\_\_\_

Name on Charge \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_

Signature Authorizing Charge \_\_\_\_\_

A full refund of the class fee will be given for any class canceled by WTCFA . No refund will be given on Membership or Material fees.

Mail to: **Warren Fine Arts Center Class Registration** **Class Total** \$ \_\_\_\_\_

**5460 Arden, Room 418, Warren Community Center** **Membership Total** \$ \_\_\_\_\_

**Warren, MI 48092 Phone (586) 268-7914 www.warrenfinearts.com** **Grand Total** \$ \_\_\_\_\_

**Youth Program: Note:** Youth under age 16 must be accompanied, during the session, by a parent or guardian who will pay no tuition but only observe class, not participate in it.

Parent/Guardian Name (please print) \_\_\_\_\_

I waive and hereby release Warren Fine Arts Center, its committee members, and Warren Tri-County Fine Arts, Inc. from any claim for the liability of my child or myself due to allergies, any injury to person or property which may occur for whatever causes during class sessions. I understand my child will not be fully registered if parent/guardian signature of waiver and date is not included on this form.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

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