

ARTS ALLIANCE OF HAVERSTRAW

2010 SUMMER WORKSHOPS

REGISTRATION FORM

10% Discount For Each Additional Class and Siblings!!!

REFUND POLICIES:

Cancellations made 1 week before the first class will receive a 100% refund. A pro-rated refund will be processed depending on class length. The Arts Alliance cannot and will not be responsible for providing refunds for classes missed as a result of student illness, emergencies, or events beyond the Art Center's control.

PLEASE PRINT CLEARLY

STUDENT NAME: _____
AGE _____

MARK "X" FOR THE FOLLOWING:

ETHNICITY: [] African American [] Asian [] Caucasian [] Hispanic [] Native
American/Inuit [] Other

GENDER: [] MALE [] FEMALE

HOME ADDRESS: _____ **TOWN** _____ **ZIP**
CODE _____

HOME PHONE:() _____ **PARENT'S MOBILE/WORK PHONE:**(
) _____

PARENTS/GUARDIAN NAMES:

STUDENT WILL BE PICKED UP BY: _____ **RELATION:**

IN CASE OF AN EMERGENCY, PLEASE PROVIDE INFORMATION OF PERSON TO CONTACT:

NAME: _____ **TELEPHONE:** ()

* IN THE CASE OF AN EMERGENCY IF THE PARENT AND EMERGENCY CONTACT ARE UNREACHEABLE THE ARTS ALLIANCE RESERVES THE RIGHT TO CONTACT AUTHORITIES.

CLASS REGISTRATION INFORMATION:

Class Title: _____ **Class Fee:** _____

Class Title: _____ **Class Fee:** _____

Class Title: _____ **Class Fee:** _____

DISCOUNT: _____

TOTAL AMOUNT DUE: _____

Parent Signature: _____ **Date:** _____

Print Name: _____

For More Information Please Contact:

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Office Hours: Mon. – Fri., 10AM – 5PM

WWW.ARTS-ALLIANCE.ORG