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<b>VAC Staff Use Only:</b>	
Date: ____/____/____	
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VAC Initials: _____	

# Registration

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

**Please preregister for all classes using the form below.  
 Tuition (in full) is due with registration except for ongoing classes.**

**Class** \_\_\_\_\_

Instructor \_\_\_\_\_ Class #/ Letter \_\_\_\_\_

Dates \_\_\_\_\_ Time \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

**Class** \_\_\_\_\_

Instructor \_\_\_\_\_ Class #/Letter \_\_\_\_\_

Dates \_\_\_\_\_ Time \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

**Class** \_\_\_\_\_

Instructor \_\_\_\_\_ Class # /Letter \_\_\_\_\_

Dates \_\_\_\_\_ Time \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

**If you are mailing this form, please complete this section:**

- My check in the amount of \$ \_\_\_\_\_ is enclosed. OR
- Please charge my credit card (circle type below):  
 Visa, MasterCard, Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

**All students must read and sign the following section:**

Upon receipt of your registration form and payment in full you will be registered for the class(es) you have selected. You will be notified if the class of your choice is full or canceled (due to lack of enrollment). In either case you are entitled to a full refund. Refunds are not given for any other reason. Make-up classes are offered only when the instructor is unable to teach their class. Instructors are not obligated to offer to make up classes that a student has missed.

Photographs may be taken during our classes. By signing this form, I grant to Venice Art Center the right to take photographs of me and my property in connection with the above-identified subject. I agree that Venice Art Center may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I **DO** grant permission to be photographed: \_\_\_\_\_  
*Signature and Date*

I do **NOT** grant permission to be photographed: \_\_\_\_\_  
*Signature and Date*