

bemis registration form

1 fax Fax completed form to 719.634.0002	2 internet Visit csfineartscenter.org click on Bemis School	3 visit 818 Pelham Place Colorado Springs, CO 80903	4 mail 30 W. Dale St. Colorado Springs, CO 80903
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Office Hours: Monday through Thursday 9:00 a.m. – 5:00 p.m., Friday 9:00 a.m. – 3:00 p.m.

- WE DO NOT SEND CONFIRMATIONS. **You are responsible for confirming your own registration.**
- Full payment is required at time of registration.

PLEASE PRINT AND COMPLETE ALL THE LINES LEGIBLY. Today's Date _____ FAC Member? Yes No

Parent/Adult Name _____

Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____

E-mail Address _____

Student's Name _____ Age (if under 18) _____

Class Name _____ Class # _____ \$ _____

Student's Name _____ Age (if under 18) _____

Class Name _____ Class # _____ \$ _____

Student's Name _____ Age (if under 18) _____

Class Name _____ Class # _____ \$ _____

Tax Deductible Donation \$ _____

Account # (If using MasterCard, VISA, AMEX or Discover): _____ Exp. date: _____

Your credit card account will be charged upon receipt of this registration form.

Signature (If using MasterCard, VISA, AMEX or Discover) _____ Total Paid: \$ _____

CAREFULLY READ THE FOLLOWING WITHDRAWAL AND REFUND POLICIES

- Notice of withdrawal must be received no later than one week prior to the first day of the class at Bemis School of Art front desk.
- There is a \$28 withdrawal fee for FAC members (\$25 withdrawal fee and \$3 registration fee) and a \$43 withdrawal fee for non-members (\$25 withdrawal fee and \$18 registration fee) per class.
- We do not pro-rate tuitions
- Failure to attend sessions or verbal notification to the instructor will not be regarded as an official notice of withdrawal. NO refunds will be given to participants who elect to withdraw from a class once it has begun.
- Checks returned are not honored for any reason and will be subject to a \$15 NSF charge and subject to prosecution to the fullest extent of the law.
- Transfers are limited to one per participant and a fee of \$15 will be charged. NO transfers after the first class.

Publicity waiver: unless informed otherwise in writing, Bemis School of Art considers photographs taken of students and their artwork to be permissible for publication in Fine Arts Center and Bemis School of Art informational publications, including our website.

NOTE: Registration implies the responsible party has read and agrees to the Bemis General Policies on page 14, the publicity waiver and the above WITHDRAWAL AND REFUND TERMS.

Signature _____ Date _____

How did you hear about us?

- newspaper
- internet
- friend
- mailing
- other _____

OFFICE USE ONLY: cost of class \$ _____ class fee \$ _____ lab fee \$ _____ regis. fee \$ _____

master book () medical form () supply list () cash () check (#) charge () Initials ()

MEDICAL CARE AUTHORIZATION

(Must be completed by parent or guardian for each student under 18 years old for each class)

In the event of illness or injury, I authorize the staff of Bemis Art School to act as my agent in obtaining medical care for:

Name of Child _____ Class Code # _____

Signature of Parent or Guardian _____ Date _____