



Class Registration Form

NAME: _____

AGE: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

QUARTER: *(Please circle one)* Sep. Nov. Jan. Mar.

Registration Fee(\$20,00): _____

CLASS: _____

DAY & TIME CLASS MEETS: _____

INSTRUCTOR: _____

Class Fee: _____ Lab Fee: _____

CLASS: _____

DAY & TIME CLASS MEETS: _____

INSTRUCTOR: _____

Class Fee: _____ Lab Fee: _____

Check Number: _____ Cash Receipt #: _____

TOTAL AMOUNT: _____

Please make checks payable to: Cygnus Creative Arts Centre.

Please list additional classes on the back of this paper and check here _____ .

In consideration of my registration I, intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for which I/or my child may have or acquire against Cygnus Creative Arts Centre, individually or collectively for any and all injuries suffered by me/or my child at or during classes. WE UNDERSTAND THERE WILL BE NO REFUNDS UNLESS CYGNUS CREATIVE ARTS CENTRE CANCELS THE CLASS AND THERE IS A NONREFUNDABLE INSURANCE/ REGISTRATION FEE PAYABLE ONCE A YEAR AT THE START OF A CLASS OR PRIVATE LESSON ENROLLED.

Signature:

(You must be 18yrs old and over)

Print Name: _____

Throughout the year Cygnus participates in a variety of nonprofit community service activities. If you are interested and are able to participate, your name will be placed in our volunteer database. You will receive a list of dates, times and activities we would need your volunteered services.

YES _____ NO _____