



On the Hill
gallery
YORKTOWN ARTS FOUNDATION

Class Registration Form for All Students

Name: _____

If student is under 18, Parent/Guardian

Name: _____

Email address: _____ Phone _____

Address: _____

Membership status: Member _____ Non-Member _____

New Students: Where did you hear about this class? _____

Class Title and Instructor:

Class Dates _____ Class Fee \$ _____

Class Title and Instructor:

Class Dates _____ Class Fee \$ _____

Class Title and Instructor:

Class Dates _____ Class Fee \$ _____

Total Class Fees \$ _____

Payment Method – Check# _____ (payable to YAF) CC _____ Cash _____

Permission to take photos: To promote our art workshops we will be taking photographs of our classes and workshops. By taking a class with YAF, you agree to give permission to YAF to take photos for promotional usage.

Signature: _____

YAF representative signature: _____

AFTER THIS IS FILLED OUT AND PAID ENTER INFO ON INDIVIDUAL SIGN UP SHEET