

## **Class Registration Form for All Students**

5308 George Washington Memorial Highway (757) 369-1108

Name:			
Email address:			_
Phone	Membership status:	Member	Non-Member
Address:			
Name:			
If the student is under 18, e	enter the Parent/Guardian name	above	
Students - Where did you h	ear 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 : Check#	_ (payable to YAF) CC	_ Cash	_
	To promote our art workshops s with YAF, you give permission		<del>-</del> ·
participants. It is the responsill not be tolerated. Paren	ss sizes have been limited to pronsibility of the student to be on the student to be on the will be contacted concerning lision from the class with no refu	their best behavior misconduct of chil	r during class. Unacceptable behavior
To agree to these terms ple	ase sign below.		
Signature:		Date	
YAF representative signature	re:		_

Class Registration Form - 08/24/2025

YAF VOLUNTEER: after this is filled out & paid enter info on class sign-up sheet.