Vinings School of Art

ADULT "\$10 once in a lifetime" Registration

INFORMATION

Legal Name:		Nickname or Preferred Name:
Address:		
City:	State:	Zip Code:
Cell / Home Phone:		Other Phone Number:
Email address:		
	EMERGEN	NCY CONTACT
I authorize the following in	dividual to serve as an em	ergency contact (must 18 or over):
(1) Name:		Cell Phone:
	CLASS	SELECTION
Adult Art ClassDay	of the week or dates	
Piano or Guitar private	lessonsDay of the w	veek and time
refundable. All classes requiright to cancel, reschedule, refund for the portion of claunderstand the class selection	uire sufficient enrolment to combine classes or change asses remaining in case the on, reservation and pricing are no make-ups unless a s	ourse fees are payable in advance. All fees are non- o convene, and The Vinings School of Art reserves the e instructors if necessary. I understand that I will receive a e course is cancelled. I do hereby acknowledge that I g policies of the Vinings School of Art, and will comply specific course is offered that specifically states on the able.
Printed Name		
Sionature		Date

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