



390 Nokomis Avenue South
 Venice FL 34285
 Voice: 941 485-7136
 Fax: 941 484-4361
 Web: www.VeniceArtCenter.com

VAC Staff Use Only:

Date: ____/____/____

Membership Expiration ____/____/____

Material List _____

Payment Method _____

Receipt Nbr _____

VAC Initials _____

Registration

Name _____

Local Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Email Address (optional) _____

All students must read and sign the following section:

You will be notified if the class is full or cancelled. In either case, you will receive a full refund. Refunds are not given for any other reason. Instructors are not obligated to offer make up classes that a student misses.

If you are unable to attend a class or workshop for which you have registered:

- With written notification at least two weeks prior to your **class** start date, you will have the option of transferring to another class or being credited with a gift card.
- With written notification at least 45 days prior to your **workshop** start date, you will receive your registration fee minus a \$35 cancellation fee. Refunds are not given within 45 days of workshop start date.

Photographs may be taken during our classes. By signing this form, I grant Venice Art Center the right to take photographs of me and my property. I agree that Venice Art Center may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content.

I have received a class supply list* _____
 (*if applicable) *Signature and Date*

I DO grant permission to be photographed _____
Signature and Date

I do NOT grant permission to be photographed _____
Signature and Date

Tuition in full is due at time of registration.

Class _____

Instructor _____ Class #/Letter _____

Dates _____ Time _____

Tuition: \$ _____

Class _____

Instructor _____ Class #/Letter _____

Dates _____ Time _____

Tuition: \$ _____

Class _____

Instructor _____ Class #/Letter _____

Dates _____ Time _____

Tuition: \$ _____

MAILING FORM IN? PLEASE COMPLETE THIS SECTION.

- My check in the amount of \$ _____ is enclosed. OR
- Please charge my credit card (circle type below):
 Visa, MasterCard, or Discover

Credit Card # _____ Expiration Date ____/____