

Class Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____ Email: _____

Current grade: _____ Age (if under 18) _____

Occupation: (optional) _____

Student Signature: _____

Signature of Parent/Guardian for students under 18: _____

The Lebanon Valley Council on the arts reserves the right to change, withdraw or modify courses of instruction at any time, and to withdraw any student whose conduct is deemed detrimental. The Lebanon Valley Council on the Arts Board of Directors cannot be held liable for personal injury or damage to or loss of personal property. The submission of the registration form cites understanding of this clause. Submission also grants the Lebanon Valley Council on the Arts permission to use photographs taken for educational or promotional purposes. Although all reasonable precautions have been taken, I understand that the Lebanon Valley Council on the Arts is not responsible for typographical errors in regard to this schedule.

Class Name: _____

Date / Day / Time: _____

Class Name: _____

Date / Day / Time: _____

Class Name: _____

Date / Day / Time: _____

Please remit payment in full at time of registration. Make checks payable to LVCA. Registration forms should be mailed to P. O. Box 792, Lebanon, PA 17042 or dropped off at 734 Willow Street during business hours. Additional registration forms can be downloaded from www.lebanonartscouncil.org

For office use only:

Total tuition received: \$ _____ Check Cash

Date received: _____

Staff initials: _____