

# Norrisville Arts Program

## Spring Registration 2007

Name \_\_\_\_\_ *please circle* Adult or Child

*If child..* Age \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Number \_\_\_\_\_

*List courses you would like to attend and the date and cost of each.*

Course \_\_\_\_\_ Date(s) \_\_\_\_\_ Cost \_\_\_\_\_

Course \_\_\_\_\_ Date(s) \_\_\_\_\_ Cost \_\_\_\_\_

Course \_\_\_\_\_ Date(s) \_\_\_\_\_ Cost \_\_\_\_\_

Course \_\_\_\_\_ Date(s) \_\_\_\_\_ Cost \_\_\_\_\_

**Total** \_\_\_\_\_

Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_

*Please make checks payable to "Norrisville Recreation Council"*

**Please Note:**

Students should come dressed for messy fun or bring a smock.

**Sibling Discount!**

Please take \$10 off of the total tuition if you are registering more than one child from your family for any one day course. (Sorry, multi-week workshops cannot be discounted.)

**Waiver:**

I will participate in classes at my own risk. The Norrisville Arts Program is **not** responsible for injuries I may receive while taking classes or workshops.

Signed \_\_\_\_\_

If Child, Parent or Guardian signature \_\_\_\_\_

