



Wickford Art Association Class Registration Form

Complete entire registration form and send to:

The Wickford Art Association
36 Beach Street, Wickford, RI 02852

Full Payment must be included to complete registration. Please make check payable to The Wickford Art Association, Thank you.

Please print legibly

STUDENT NAME

STREET ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

TELEPHONE

CLASS NAME

CLASS INSTRUCTOR

CLASS DAY/TIME

CLASS FEE: (MEMBER/NON-MEMBER

**I understand that there are no refunds once the first class has begun. I understand that if I am to drop the class one week or less before it begins I will receive only ½ of my payment refunded. There are no refunds for missed or sick days. I give permission for photo's of myself or my work to be used for publicity unless otherwise indicated. All artwork and materials for the class must be removed from the gallery after each class. The WAA is not responsible for lost or damaged work left behind at the gallery. I agree to abide by the WAA class policy of cleaning up after each class.*

Student Signature (*mandatory*)

_____ I would like to join your mailing list to find out more about the WAAs upcoming shows events and classes.

- Please indicate in this section any other types of art classes you would like to see made available here.