

Class Registration Form

Class name _____
Fee _____
Name _____
Age _____
Address _____
City/Zip/State _____
Email _____
Phone _____
Visa/MC number _____
Exp. Date _____

Hold Harmless: I agree to hold harmless the Arts Council of Snohomish County its officials, its employees and agents for any and all claims for personal injury and/or property damages in which damage and injury is or appears to be proximately caused in whole or in part by my participation in this program.

Photograph Permission: I give permission for the Arts Council of Snohomish County to use, without limitation or obligation, photographs which may include my image or artwork for purposes of promoting the Arts Council's programs.

Refund Policy: To receive a full refund the student must notify the Arts Council within 7 working days of the scheduled class.

Cancellation: In the event of class cancellation, you will be notified by phone and receive a full refund. (We cannot connect to phones with caller block.)

Signature of participant: _____
Parent of guardian sign for child 17 or under

1507 Wall Street, Everett, WA 98201
425-257-8380
artsinfo@artscouncilofsnoco.org
www.artscouncilofsnoco.org



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