

Student Name _____

Student age _____ Special Needs _____

Parent Name _____

Address _____

Phone (day) _____ (eve) _____ email _____

Are you a VAA member? Yes No Applying for Scholarship? Yes No

Student's photo may appear in VAA publications. Yes No

	CLASS	TIME/INSTRUCTOR	TUITION	MATERIALS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Drop Policy: 100% refund if student withdraws 10 days or more before first class, 75% refund less than 10 days before first class. No refunds after first class. Please initial to indicate you have read and agree to refund policy terms:

I want to be a member!

Individual \$40 Dual/Family \$75 Artist Associate \$30 Senior \$35 Dual Senior \$65

Please make checks payable to Vashon Allied Arts.

Mail to: VAA, P.O. Box 576, Vashon, WA 98070

VashonAlliedArts.org

Production fee _____

Total class fees _____

VAA membership _____

Total Due _____

Amount Received _____

Or use a bank card:

VISA MasterCard card # _____ exp. _____

Signature _____

Full payment requested upon registration. Payment plans & scholarships available if needed.

Please call 463.5131 or email WendyF@VashonAlliedArts.org

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