

Art League Academy Class Registration and Membership Form

(Please type or print clearly)

Name: _____ Email: _____
Address: _____ City: _____
Phone: _____ State: _____ Zip: _____

Registration: (check one)

Member Non-Member Add/Renew Membership Cost: _____

Class #: _____ Class: _____ Sessions: _____ Cost: _____

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Class #: _____ Class: _____ Sessions: _____ Cost: _____

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Class #: _____ Class: _____ Sessions: _____ Cost: _____

** Individual classes are calculated at a pro-rated bases. Tuition **Must** be paid in full at time of registration to guarentee a spot in the selected class. We are unable to give Refunds or Credits for missed classes.

Payment Method: (check one)

Cash Check Credit Card Gift Card Credit Total Cost: _____

Card/Check Information:

Visa AMEX Mastercard Discover Check #: _____

Card Number: _____ Expires: _____

Please make checks payable to: Art League of Hilton Head

Please send to: Art League Academy, PO Box 5367, Hilton Head Island, South Carolina 29938-5367