



Become an Alliance for the Arts Member!

Benefits Include: Classes, Workshops & Camps Discounts, Subscription to Alliance Publications, Exhibition Opportunities and Gift Shop Discounts.

JOIN NOW! _____ Individual & Artist \$50+ _____ Family \$75+
_____ Friend \$250+ _____ Patron \$500+

Class Registration Form

Advance registration is required to ensure your enrollment!

Student Name _____ Age _____ Guardian _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

How did you hear about our classes? _____

ID # _____ Class _____ Instructor _____ Date _____ Price _____

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Membership Fee _____

Total _____

SUBMIT REGISTRATION FORM AND PAYMENT TO:

10091 McGregor Blvd. Ft. Myers, FL 33919

Fax: (239) 939-0794 Email: education@artinlee.org

Check # _____ (Payable to LCAA)

Credit Card # _____ Exp _____ V-Code _____

This signature hereby holds the LCAA and any of its subsidiaries or associate organization or person acting on its behalf harmless for any bodily injuries sustained or for the loss or damage of any personal articles while on the premises or participating in any activity sponsored by the LCAA, its subsidiaries or associate organizations on the Alliance grounds. The signatory further agrees that in the event medical attention is required due to an accident or illness, LCAA shall be permitted to seek such medical services as it shall deem necessary and appropriate through EMS 911 or local hospitals.

Enrollment is only guaranteed with **pre-registration** and **payment**. A 50% fee for cancellations on the first day of class will apply. No refunds will be applied once the course has completed its second class. A \$15 fee will be charged on all returned checks. Pre-Registration is required for all classes. Classes require a minimum of 4 students. Classes not meeting the minimum will be cancelled 24-48 hours prior to the scheduled start date. I acknowledge all the above conditions and agree to them upon signature below. I grant permission to be photographed or videotaped for promotional purposes.

Signature _____ Date _____

FOR OFFICIAL USE (Please initial and date):

| Registration Taken | Payment Received | Entered into Database | Notes |
|--------------------|------------------|-----------------------|-------|
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