

# Class Registration Form

Please complete this form and return to the AVA with payment for the class. Forms can be mailed to AVA, 35 W. 100 S., Logan, UT 84321  
Please call 435.753.2970 with questions.



Alliance for the Varied Arts

## Student Information

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:**

**Child's age:**

**Guardian name:** \_\_\_\_\_

**Phone:**

**Emergency contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**How did you hear about our classes?** \_\_\_\_\_

**Email Address:** (won't be shared with anyone) \_\_\_\_\_

## Class Information

Class name: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Day:	Time:

## Payment Information

I will pay with:  Check  Credit Card  Cash

## Agreement

I release AVA, its officers and employees from any liability or expense with respect to claims for injuries, damages, and expenses sustained by me or my child. I authorize the employees of AVA to notify emergency help in case of accident or injury to my child while participating in any program of AVA.

**Parent/Guardian Signature:**

**Date:** \_\_\_\_\_

## Office Use Only

**Date received:** \_\_\_\_\_

**Amount paid:**

**Amount due:** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Receipt #** \_\_\_\_\_

**Dept. notified:** \_\_\_\_\_

**Note:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_