



ARTICHOKE COMMUNITY MUSIC CLASS REGISTRATION FORM

Name (please print): _____

Street Address: _____

City, State, Zip Code: _____

Phone (Best): _____ Phone (2nd): _____

Email Address: _____

Class:
Class _____ Day/Time _____

Class _____ Day/Time _____

Class _____ Day/Time _____

Amount Enclosed: \$ _____

Credit Card # _____ Exp. _____ Sec Code: _____

Payment: Class fees must be paid in full in advance of or at the first class. Artichoke Community Music accepts cash, credit cards, personal checks or money orders made **payable to:** Artichoke Community Music. **Mail to:** Artichoke Community Music, 3130 SE Hawthorne Blvd, Portland OR 97214.

Withdrawals, Refunds, Make-ups, Cancellations, Photo Permissions:

Once registered, you may choose to withdraw after the first class with no penalty. You may transfer to another class (after first class) within the same session. Credit for class payment WILL NOT be carried forward to another session. If you miss a class, it is lost – no make-ups.

Artichoke Community Music School reserves the right to cancel a class due to insufficient registration. If we cancel a class due to low enrollment or other reasons, you will be notified by phone before the class start date, and we will automatically issue a school credit to the purchaser's account. If you would like a credit card refund, you must contact us directly. Sorry, we cannot do it automatically.

By registering for this class, I grant Artichoke Community Music School permission to photograph or video my/my child's participation in Artichoke Community Music School education programs. I also grant Artichoke Community Music School permission to use my and/or my child's likeness in a promotional capacity including, but not limited to: print materials, web site, print, online or out-of-home media and other medium now or later developed; as well as permission to share photography and video including my and/or /my child's likeness for use by media publications and institutions that fund Artichoke Community Music School operations and programs.

I, _____ **(Student/Parent Signature)**, have read this class registration form and agree to the financial responsibilities and terms contained herein.

Date Signed: _____