



ART CLASS REGISTRATION FORM

Class: _____ Amount Enclosed: \$ _____

Students Name _____ Age if Child _____

Parents Name if Child _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Registration & Payment

Full payment is due at the time of registration prior to the first class. Questions? Please contact Paula at 970/864-2190 or MontroseWestRec@gmail.com

By Mail:

Mail this form, along with a check payable to the Montrose West Recreation, Inc. (MWR) Send completed form and check to MWR, PO BOX 281, Nucla, CO 81424

Refund Policy & Cancellations:

Refunds will be made only if cancellation is made 5 days prior to the first class. Those classes with insufficient enrollment will be cancelled. Refunds will be sent thru the mail.

I, the undersigned, agree to assume all risks that are part of and incidental to my participation in the MWR sponsored Art Class. I will not hold Montrose West Recreation, Inc. (MWR) or any person affiliated with MWR responsible in the event of personal injury to myself resulting from my participation in the above named activity/class.

Signature _____ Date _____

(A parent or guardian must sign for students under 18 years of age)