

REGISTER EARLY!

FAIRMOUNT CENTER FOR THE ARTS

20 _____

8400 Fairmount Road • P.O. Box 80 • Novelty, OH 44072 • Phone: 440.338.3171

W SP SU F

www.fairmountcenter.org

Please Print

STUDENT _____ M F _____ YES NO _____
LAST FIRST SEX ON OUR MAILING LIST?

IF UNDER 18: _____
AGE BIRTH DATE MOTHER'S NAME FATHER'S NAME

Home Address _____ Home Phone _____
STREET CITY STATE ZIP

Home Email _____ Business Name _____ Business Phone _____

PLEASE READ AND SIGN THE FOLLOWING: In consideration of being allowed to participate in Fairmount Center classes and activities, the undersigned or his/her parents or guardian if under age 18, voluntarily assumes all risks of accident or damage to his/her person or property, agrees to abide by all rules and regulations and hereby releases from claim, liability or demand, all employees, representative, trustees and officers of Fairmount Fine Arts Center as well as their heirs, executors, administrators, successors and assigns for any person injury or damage of any kind. I understand that the above-mentioned parties are not insurers of my personal safety during this activity.

This release is entered into freely and with full knowledge of its contents and effect and will operate for myself, my heirs, executors, administrators and assigns.

XX _____
 Student's or Parent's Signature if under 18

| Classes | Day/Time | Instructor | Tuition | Materials | Total |
|---------|----------|------------|---------|-----------|-------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

- MY ANNUAL DONATION TO FAIRMOUNT CENTER IS INCLUDED, AMOUNT \$ _____
- I WANT TO HELP A STUDENT IN NEED TAKE ADVANTAGE OF THESE GREAT CLASSES, AMOUNT \$ _____

OFFICE USE ONLY

Date Rec'd _____ Check No. _____ Amount _____ Cash rec't No. _____ Amount _____

MasterCard _____ Visa _____ Amount _____ Posted _____ PC Pg/In _____ CL List _____

MC No. _____ exp. _____ Visa No. _____ exp. _____

