

Summer Art Adventure Enrollment Form

Summer Art Adventure (SAA) packet with medical form, map and parent information will be mailed. Please contact us if you do not receive the mailing 2 weeks in advance of start date. Additional forms can be downloaded from www.artleagueregistration.org/summer-art-adventure.

Member Non-Member Half Hollow Hills School District student

Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

PROGRAM SELECTION Early Childhood, Young Artists, Mature Artists, Teen Portfolio

Session # () Class # _____ Title: _____ Fee \$ _____

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Session # () Class # _____ Title: _____ Fee \$ _____

Membership (\$35 student/\$70 family): Join to receive member discount Fee \$ _____

Discounts:

Combo Discount \$ _____

TOTAL \$ _____

Checks Payable to Art League of Long Island. Full tuition due at registration.

Student #1 _____ D.O.B. _____ Grade as of 9/17 _____

Student #2 _____ D.O.B. _____ Grade as of 9/17 _____

Parent or Guardian's Name : _____

I hereby authorize the use of my credit card: Visa / MC / Discover / AMEX (circle one).

Print Name on Card _____

Card# _____ SEC code _____

Exp. Date _____ Zip Code _____

I have read and understand the policies outlined in the SAA form concerning tuition discounts, cancellation, payment and photography of participants.

The Art League will make every effort to meet your request of placement if possible.

Place my child _____ with his/her friend(s) listed below:
