

# REGISTRATION FORM



## 1 Contact Information

PARTICIPANT NAME (ONE CHILD PER FORM) \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT/UNIT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

## 2 Select programs

Class / Programing	Session Dates	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 3 Fees

**Cost:**

Total for sessions indicated: \_\_\_\_\_

Add a Family Membership (\$75) \_\_\_\_\_

I would like to make a contribution:  
(Donations of \$100 or more will be matched  
by the David and Francie Horvitz Family  
Foundation Matching Grant Challenge) \_\_\_\_\_

**Total:** \_\_\_\_\_

### Payment:

Check Enclosed\*     Visa     American Express  
 Master Card

CARD NUMBER \_\_\_\_\_ CSC# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\* Make checks payable to the Art and Culture Center/Hollywood.

## 4 Agreement

Tuition must be paid in advance. Participant is registered only upon receipt of registration form and full payment. All returned checks and denied credit cards will incur a \$50 service fee. No refunds are permitted.

As the parent or legal guardian of the aforementioned child, I certify that I hold harmless and release the Art and Culture Center/Hollywood, its employees, and agents from any liability, claim, right of action, of any kind or nature which I, my child, or legal representative may have as a result of injury, illness, or damage. I authorize the Art and Culture Center to seek urgent medical care in the event of an emergency.

I hereby allow the Art and Culture Center/Hollywood to take photographs or videotape of me/my child during participation in its programs. The photos or video may be used for the sole purpose of promoting the Art and Culture Center/Hollywood.

I have read and understand all of the above.

PARTICIPANT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please help by telling us how you heard about this program:

**Questions?** Call us at 954 921. 3274. Return this completed form by fax to 954. 921. 3273, by mail, or in person to:



**Art and Culture  
Center/Hollywood**

1650 Harrison Street  
Hollywood, FL 33020  
954. 921. 3274  
ArtAndCultureCenter.org