

Artventure registration form
Visual Arts Center of Richmond
 1812 West Main Street Richmond VA 23220 p: 353-0094 f: 353-8018

To ensure enrollment, please register at least one week prior to start of class.
 Please read all refund policies carefully.

Registrant's Name _____ date: _____

Required if registrant is under 18: Age _____ Parent's Name _____

Mailing Address _____

Phone _____ Cell _____ Other _____

Email _____ How did you hear about us? _____

Class Title	Section/Code	Materials Fee	Tuition Fee
1 _____	_____	_____	\$ _____
2 _____	_____	_____	\$ _____
3 _____	_____	_____	\$ _____
4 _____	_____	_____	\$ _____
5 _____	_____	_____	\$ _____
6 _____	_____	_____	\$ _____
7 _____	_____	_____	\$ _____
8 _____	_____	_____	\$ _____
		TOTAL Tuition(s)	\$ _____
		TOTAL Materials Fee(s)	\$ _____
		Membership	\$ _____

TOTAL PAYMENT	\$ _____
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Payment Method: Cash _____ Check # _____
 Charge # _____
 (please circle one) Visa MasterCard American Express Discover
 Exp. Date _____ Billing Address _____

class confirmations

You will receive a confirmation letter, a packet of class guidelines, and emergency contact form by mail **two weeks prior to start of class to confirm your spot.**

class transfers

A **transfer fee** of \$10 will be applied to each transfer from one class to another, unless the transfer is the result of a VisArts administrative decision or medical emergency.

refund/cancellation policy

Visual Arts Center of Richmond reserves the right to cancel any class with insufficient enrollment. Fees are 100% refundable if the class is cancelled by the VisArts. **50% of class tuition fees are refunded if notice is received two weeks prior to the first class meeting. No refund will be made if notice is received less than two weeks prior to the first class meeting.**