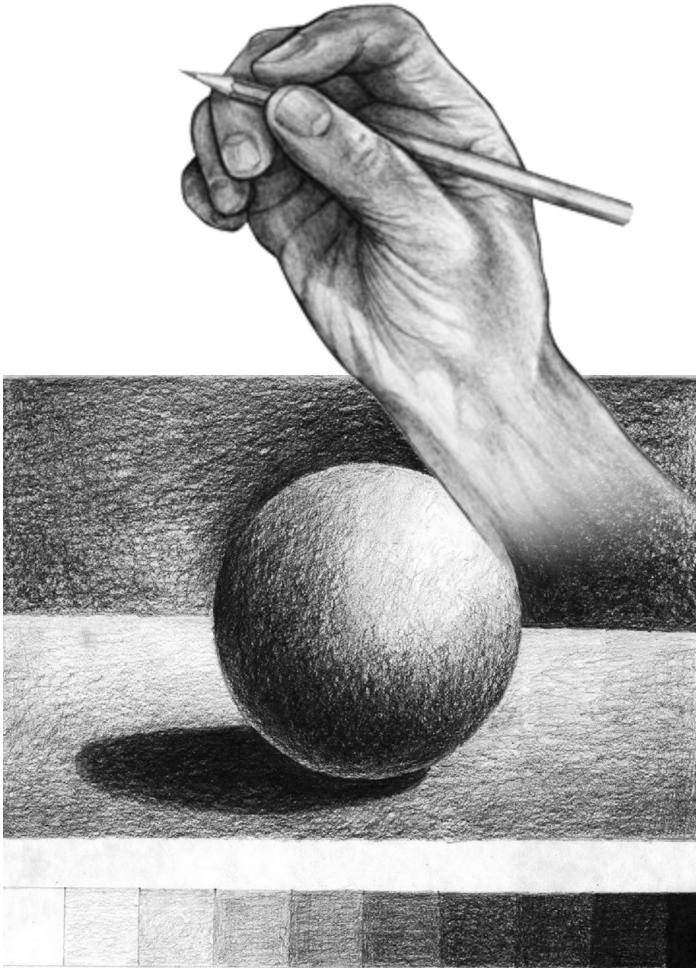




After School Art Classes with Monique Fischer



THE ART of DRAWING *A DRAWING SPECIFIC CLASS*

Thursdays, 4 -5:00 pm
Ages 8 +

January 11, 18, & 25

\$45 for all 3 classes

Pre registration required
Art supplies included

The Art of Drawing will focus on improving hand-eye coordination, observational awareness, line quality and shading techniques as well as other secrets used by the masters in their drawings.

Contact Arthaus office for information, registration, and payment at (386) 767-0076 or via email to office@arthaus.org. We accept Cash, Check, or Credit Card payments.

Arthaus location:
3840 Ridgewood Ave.
Port Orange, FL 32129
One block north of Dunlawton on US1 in Port Orange

The Volusia County School Board is not affiliated with this program in any manner nor does it endorse or assume any responsibility for any activities which may occur in connection with it.

ArHaus 2018 Thursday Art Class

(Please complete all information, use N/A if necessary)

Student's First Name: _____

Student's Last Name: _____

Student's Age: _____ Class/Session: **Monique/Thursday**

How did you hear about ArHaus classes: _____

Special Instructions: (Allergies, Medicine, and/or special needs, behavioral, etc.):

****If registering multiple students please fill out bottom portion****

Terms and Conditions:

- ◆ I understand that the full tuition is non-refundable once a space has been reserved for my child(ren) unless requested one week prior to class.
- ◆ I grant full permission to use photographs, video, and any other recording of classes or the program involving my child(ren) for any legitimate purpose.
- ◆ I hereby waive and release any and all rights and claims against ArHaus Foundation.
- ◆ This agreement is a legally binding instrument when signed by registrant and accepted by ArHaus.
- ◆ By signing this form, I acknowledge that I have read and understand the above policies.

Parent/Guardian Signature

Date

Additional Student:

Student's First Name: _____

Student's Last Name: _____

Student's Age: _____ Class/Session: _____

Special Instructions: (Allergies, Medicine, and/or special needs, behavioral, etc.):

Please mail payment with this form to:
ArHaus P.O. Box 290232 Port Orange, FL 32129

**Please fax credit card payment with
this form to: 386- 761-3888**

**Please drop off payments between
10 A.M. -5 P.M. Monday-Friday to:**
ArHaus 3840 Ridgewood Ave. Port Orange, FL
(One block north of Dunlawton Ave)

Please call **386- 767-0076** or visit
www.arhaus.org for additional information

Parent/Guardian

Address

City/State/Zip

Home/Cell Phone

Work/Cell Phone

Email

Emergency Contact & Relationship

Emergency Phone

Art Instructor: Ms. Monique
\$15 per class session
\$45 for all 3 classes

Amount enclosed: \$ _____

Select payment method:

Check made payable to **ArHaus** (preferred)

Cash Credit Card

___ Visa ___ MasterCard ___ Discover ___ Amex

Credit Card Number

Expiration Date

Card security code

Signature of Cardholder

Printed Name as on card

Office Use Only