

(also available to download from www.arrowmont.org/2010-comm-reg-form.pdf)

Registration: Complete one registration form per student per class and mail along with your payment in full to Arrowmont School of Arts and Crafts, PO Box 567, Gatlinburg, TN 37738; or hand deliver to the Arrowmont Registrar at 556 Parkway. Phone registrations using your VISA, MasterCard or Discover card will be accepted at 865-436-5860, FAX: 865-430-4101.

Cancellations/Refunds: For both adult and children's classes, cancellations received prior to December 18, 2009 will receive a refund minus a \$30 processing fee. No refunds are available for cancellations after December 18, 2009. All cancellations must be in writing. Arrowmont reserves the right to cancel a class with insufficient enrollment and will refund all fees in that situation. Class registration is not transferable from class to class, between sessions or from one to student to another.

Scholarships for Community Classes are available to adults and children to provide arts education experiences to local residents who would otherwise be unable to attend classes based on financial need. Skill level in a particular medium is not a consideration. To be considered for a scholarship, please submit a letter describing how you or your child would benefit from a class at Arrowmont, including why you or your child would make a good candidate for our scholarship fund. Please submit the letter with your registration.

EARLY REGISTRATIONS ARE ENCOURAGED, AS CLASSES FILL QUICKLY AND ARE LIMITED IN SIZE!
CALL TODAY TO REGISTER BY PHONE: 865-436-5860.

ONE PERSON & CLASS PER FORM PLEASE

Name _____

Workshop # _____

Address _____

Instructor _____

City/State/Zip _____

Payment Amount \$ _____

Home Phone _____

Check Enclosed Visa MasterCard Discover

Cell _____

Card No.

Email _____

Are you 18 yrs. old or older? Yes No MALE FEMALE

Exp. Date (Mo/Yr) _____ 3 Digit Security Code _____

IF STUDENT IS A CHILD PLEASE COMPLETE FOLLOWING:

Parent's Name _____

Signature _____

Child's Birthdate _____ Grade _____

Drop off, fax or mail to:

Signature of Parent/Guardian _____

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