



# THIS CENTURY ART GALLERY

## ▲ WILLIAMSBURG ART CENTER ▲

219 North Boundary ▲ Box 388 ▲ Williamsburg, Virginia 23187 ▲ 757-229-4949 ▲ www.thiscenturyartgallery.org ▲ A Virginia Museum of Fine Arts Partner

### Youth Program Art Class Registration Form

Name of Child \_\_\_\_\_ age \_\_\_\_\_

Name of Child \_\_\_\_\_ age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My child has permission to participate in This Century Art Gallery (TCAG) art education classes. TCAG has my permission to use photographs of the class for media promotions.

\_\_\_\_\_  
(Parent/Guardian signature required.)

New Students: Where did you hear about this class? \_\_\_\_\_

Class Title \_\_\_\_\_ Fee \_\_\_\_\_

Instructor \_\_\_\_\_ Code \_\_\_\_\_ Day/Time \_\_\_\_\_

Class Title \_\_\_\_\_ Fee \_\_\_\_\_

Instructor \_\_\_\_\_ Code \_\_\_\_\_ Day/Time \_\_\_\_\_

BEFORE you register, if you notify us that you can only attend some of the classes, the fee will be pro-rated at that time. Thank you.

1 <sup>st</sup> student - full price. 2 <sup>nd</sup> and more - \$5 discount.	Class Fees _____
	Less Sibling Discount _____
	Total _____

Payment Method – Cash \_\_\_ Check # \_\_\_\_\_ Credit Card - Amer. Exp.- Discover - MC - VISA

Name on credit card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Classes will be held at the **Art Education Center, 110 Westover Ave.**, in downtown Williamsburg. **Advance registration is required.**

Please mail or bring this completed form with your payment to:  
This Century Art Gallery, 219 North Boundary St., Williamsburg, VA 23187

TCAG use only: Confirmed \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Amount \_\_\_\_\_ Check/Cash/Charge

This Century Art Gallery – Williamsburg Art Center is an educational, non-profit organization incorporated under laws of the Commonwealth of Virginia.