



12505 NW Cornell Road • Portland, OR 97229 • 503-644-8001 • www.villagegalleryarts.org

CLASS REGISTRATION FORM

Student Name:		Phone #:	
Adult /Teen /Child (please circle) Age of child/teen:		Emergency Phone #: (if registering for a child)	
Address:	City/State:	Zip Code	
Email:			

Signature of parent of minor student: _____

**CHILDREN UNDER THE AGE OF 10 MUST BE SIGNED IN/OUT BY
GUARDIAN TO BE RELEASED TO/FROM CLASSROOM.**

Course Title	Instructor	Start/End Date	Class Fee
Total Class Fees:			

PAYMENT DUE AT TIME OF REGISTRATION (Cash /Check /Credit Card)
Credit card /cash payments must be made at the Gallery

Please make your check out to: **VGA**

Send registration and check for class fees to
Village Gallery of Arts
12505 NW Cornell Rd. Portland, OR 97229

Would you like your receipt mailed to you? Yes ___ No ___

Payment received by: _____

Date payment received: _____

Deskworkers: if this registration is for a child, place this form with the class roster for instructor.

The Village Gallery of Arts strives to promote knowledge of, appreciation for, and active participation in the visual arts.