



Life Model Drawing Registration Form 2024 Grade 9 - 12

ID G0

ID G0

Student 1 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2024: ___
 Current US Arts weekly art class student? Yes No

Student 2 Name: _____ Gender ___ DOB ___/___/___ Grade in Fall 2024: ___
 Current US Arts weekly art class student? Yes No

(Current US Arts students can skip the following section.)

Address _____ City _____ State ___ Zip Code _____

(Can take 2 addresses, please include the student's email address here)

E-mail: _____

Mother's Name _____ Mother's Cell Phone (_____) _____ - _____

Father's Name _____ Father's Cell Phone (_____) _____ - _____

CLASS PRICE INFORMATION		Payments	
Dates	Fees + Materials	Student 1	Student 2
Week 1: 6/17 - 6/20	\$350 + \$15		
Week 2: 6/24 - 6/27	\$350 + \$15		
Week 3: 7/1 - 7/2	\$180 + \$8		
TOTAL:			

*** NOTES**

- Class hours: Monday - Thursday, 1:00 – 4:00 pm at Vienna location
- Week 1: clothed model. Week 2&3: nude model.
- **Nude Model weeks are for rising 10th graders and above.**
- **Early discount: -\$15/week/student if registered before **May 13th**.** If registering for all 3 weeks, **-\$50 instead of -\$45** per student. Additional weeks registered after May 13 do not receive an early discount.
- All students are recommended to register for all three weeks for a complete program lecture.
- **Payment via check/cash/online is needed to reserve a space for your child. No exceptions.**
- **Material fees do not cover canvas.**

Payment by checks: write & mail checks to:

Payment from online: www.USArtsCenter.com -> Contact Us -> Pay Fees Online -> Pay @ Fairfax For online payment, parents need to forward the payment confirmation to USArtsFairfx@gmail.com



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- All classes will be held at our Vienna location:
2236 Gallows Rd Unit B
Vienna, VA 22031
- In case of emergency, we, USARTS Center, have authorities to search for emergency care for the kids listed above.
- **No refunds and no make-up for absences.** Detailed **Cancellation Policy found on website.**
- I hereby waive all rights and claims against the US ARTS Center and its team members for any liability resulting from my child’s participation of any events organized by US ARTS Center.

Parent/Guardian Signature _____ Date ___/___/2024

<i>FOR OFFICE USE ONLY</i>				
Date	Amount Paid	Check #	Balance	Processed By