



YATES COUNTY ARTS CENTER  
CREATIVE WORKSHOP

REGISTRATION FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you learn about our classes? \_\_\_\_\_

Member \_\_\_\_\_ Non-Member \_\_\_\_\_

Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

| COURSE TITLE                          | INSTRUCTOR | STARTING DATE & TIME | TUITION | SUPPLY FEE |
|---------------------------------------|------------|----------------------|---------|------------|
|                                       |            |                      |         |            |
|                                       |            |                      |         |            |
|                                       |            |                      |         |            |
|                                       |            |                      |         |            |
|                                       |            |                      |         |            |
|                                       |            |                      |         |            |
| <b>SUBTOTAL</b>                       |            |                      |         |            |
| <b>ADD SUPPLY FEE – if applicable</b> |            |                      |         |            |
| <b>TOTAL</b>                          |            |                      |         |            |

METHOD OF PAYMENT

- CASH                       CHECK (payable to YCAC)
- MASTER CARD             VISA

CARD # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**Signature** \_\_\_\_\_

I, the signatory, agree that in the event medical attention is required due to accident or illness and my contact person is unreachable, YCAC is permitted to seek such medical services as it shall deem necessary and appropriate through EMS/911 and or local hospitals.

YCAC occasionally takes photos of participants for use in its newsletter and publications. Also, on occasion, news media may visit our facilities in covering YCAC events. By signing the registration form, I acknowledge awareness that photographs may be taken at times for promotional or news coverage purposes. I understand that photos taken by YCAC become property of YCAC and may be used in promotional materials now and/or in the future.

**Cancellation/Transfer/Refund Policy for Classes:** Please let us know at least a week prior to the start date of a class if you are going to cancel or transfer out of a class. We begin to cancel classes a week before the start date and late cancellations/transfers cause classes to fall below the minimum enrollment numbers which cause classes to run at a loss. There is a 25% fee for any cancellation received less than 7 days prior to the start of the course. For refund requests after course begins, there is a 50% refund of remaining sessions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Yates County Arts Center, 127 Main Street, Penn Yan, NY 14527. [www.ycac.org](http://www.ycac.org) 315.536.8226