

# Artworks & Still Pond Station

Class and Workshop Registration

410-778-6300

Registration: Students may register in-person, by mail, or by phone. Please leave a message with your name and telephone number, and we will return your call. Although our Gift Shop and Gallery is open on Saturdays, our regular office hours are Wed, Thur & Fri: 12-3.

Payment: Payment should be made at time of registration, or within three working days if registered by phone. Paid registrations will have priority over non-paid if a class fills up.

Fee: Class fees are usually discounted for members; please make certain that you have enclosed the proper amount for your membership status. **Pay only for class; materials fee is paid directly to the instructor at first class session.** Annual membership is \$35 for an individual or \$45 for a family. You may check your membership status by calling Artworks during office hours.

Please make check payable to and mail to: *Chester River Artworks*  
*P.O. Box 606*  
*Chestertown, MD 21620*

**Refund: If a class is cancelled by Artworks, you may request a refund or apply the fee to another class. No refunds are made after a class has begun.**

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**Please fill out the following (use a separate form for each class):**

**Class or Workshop:** \_\_\_\_\_

**Your name:** \_\_\_\_\_ **Age (for Children's classes)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **zip code** \_\_\_\_\_

**Telephone:** day \_\_\_\_\_ eve \_\_\_\_\_ **Email** \_\_\_\_\_

**Artworks member?** Yes \_\_\_\_\_ No \_\_\_\_\_ **Amt. Enclosed** \_\_\_\_\_

**Release of claims:** This registration is a release of all liability. In case of accident, property losses or illness, I will not hold Chester River Artworks, Inc, or persons employed by or involved with Chester River Artworks, Inc., responsible. This release covers classes at Artworks, Still Pond Station, and any off-site facilities where classes are held. I will be fully responsible for the security and care of my personal property. I hereby agree not to smoke in the building and to observe all studio safety rules, policies, and procedures. I have read and agree to the above **Registration and Release.**

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

Office use only: Cash _____	Check No. _____	Rec'd by _____	DB _____
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**If payment is made by credit card, information may be faxed to: 410-778-6300**

Charge my tuition to: (Check One)  VISA  Mastercard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

(Please Print)

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