

BlackRock Center for the Arts spring 2010 Registration Form

March 22 – June 5, 2010 (10 weeks, no classes the week of March 29, 2010 (MCPS Spring Break) and on May 31, 2010 (Memorial Day))

Mail or deliver (10 a.m. – 5 p.m., Mon – Fri) to: BlackRock Center for the Arts
12901 Town Commons Drive, Germantown MD 20874 or fax to: 301.528.2266

Student's Name: _____ Gender (M/F) _____

Student's Date of Birth (if under 18): _____ Age (if under 18): _____ Grade _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Student's School _____

E-mail Address (to receive confirmation of class): _____

Parent/Guardian (if under 18): _____ Relationship: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number(s): _____

Course Title _____ Course # _____ Day/Time _____ Tuition: _____

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Help keep the arts alive! Class fees and ticket sales only cover a portion of the actual cost of operating BlackRock Center for the Arts. Your donation helps us continue to present the quality programs you've come to expect. A donation of \$125 entitles you to all the benefits of our Family Membership level, including 10% off all classes! As the new season begins, you'll hold a very special place at BlackRock Center for the Arts — in addition to benefitting our programs, you benefit!

Subtotal Tuition _____
10% Member Discount
(\$125 membership level) _____
20% Senior Discount _____
Donation Amount _____
Total Enclosed _____

Payment Method:

Check #: _____ Amount: \$ _____ Payable to BlackRock Center for the Arts Cash: \$ _____

Circle One: Visa / MasterCard / AmEx / Discover Number: _____ Exp. date _____

Name on card: _____ 3-digit Security Code (Discover only) _____ Signature: _____

Please read the following and review BlackRock's Policies as your signature indicates your agreement:

While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature _____ Date: _____

(student over 18 or parent/guardian)

Signing and submitting a registration form and payment of class fees implies acceptance of ALL policies as stated.

How did you receive/where did you pick up this registration form?

By mail At BlackRock BlackRock Web site School (please specify) _____ Other (please specify) _____

www.blackrockcenter.org

301.528.2260