



# YOUTH & ADULT PROGRAM REGISTRATION

Please see our flyer for current program schedule @ [www.niagarafallsartgallery.ca](http://www.niagarafallsartgallery.ca)

Please bring this form with you to registration. You can also mail it to our regional office prior to the start date of the course @ 8058 Oakwood Drive, Niagara Falls, Ontario L2G0J1

SECTION A: ART CLASSES 6:30 8:30 PM				
CLASS TITLE  Please see current flyer for exact program times & availability	Please Check		COSTS / Student	
	TUES	WED	In Person	Virtual
			\$150	\$100
			\$150	\$100
			\$150	\$100
			\$150	\$100
SECTION A SUBTOTAL:				

  

SECTION B: KITS & BETTER LIVING EVENING COURSES				
Please see current flyer for exact program times & availability				
PROGRAM / ITEM	Start Date	COST	QTY	AMOUNT
PAINT NIGHT:		\$15 pp		\$
ART CLASS/ PAINT NIGHT KIT:		\$30 ea		\$
MEDITATION Course:		\$50 pp		\$
TAI CHI Course:		\$100 pp		\$
ZUMBA Course:		\$100 pp		\$
DANCE Course:		\$100 pp		\$
YOGA Course:		\$100 pp		\$
SECTION B SUBTOTAL :				\$

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& More!  
[niagarafallsartgallery](https://www.instagram.com/niagarafallsartgallery)



SECTION C: AMOUNT DUE	
SECTION A SUBTOTAL:	\$
SECTION B SUBTOTAL:	\$
<b>TOTAL NOW DUE:</b>	<b>\$</b>

SECTION D: PAYMENTS	
ONLY Acceptable Form Of Payments: DEBIT, CREDIT or CASH.	
Paying By Credit Card?	
Billing Address same as Contact #1? YES / NO	
IF NO: PLEASE FILL OUT BILLING ADDRESS BELOW	
Address	
City	
POSTAL	
CARD TYPE CARD NUMBER	
VISA #:	
MASTERCARD#:	
CVV(3Digits):	
EXPIRY (mm/yy):	
NAME AS APPEARS ON CARD (PLEASE PRINT)	
I hereby authorize the Niagara Falls Art Gallery to charge the TOTAL NOW DUE in SECTION D to my credit card using the information I have provided.	
AUTHORIZATION SIGNATURE (In Person/Mail)	
Check If Authorized By Phone:	
OFFICE ONLY	BOOK: Receipt #:

STUDENT INFORMATION: FULL NAME (First & Last)	
Address	
City	Postal Code
Phone #	AGE (IF under 18)
Email Address	
Emergency Contact: FULL NAME	
*Parent/Guardian if Student under 18	Relationship
Emergency Contact Phone #	
Mandatory Registration Releases & Policies	
<p><input checked="" type="radio"/> <b>Media Release:</b> Please note that participants in all of our programs may be photographed for media/promotional purposes related to the Niagara Falls Art Gallery. If you wish that you/your child <b>NOT</b> be photographed, please initial the box at right.</p> <p><input type="checkbox"/> No Photos <input type="checkbox"/> Initials</p> <p><input checked="" type="radio"/> <b>Payment policy, Covid &amp; Proxy Release:</b></p> <p>I agree and understand that all funds given to the Niagara Falls Art Gallery are <b>NON REFUNDABLE</b> and that, at the sole discretion of the Niagara Falls Art Gallery, only proportional credits may be offered in certain circumstances.</p> <p>I also have read, understood and agree to the policies of the Niagara Falls Art Gallery including but not limited to those concerning health and safety. I also voluntarily assume all risks related to the possible exposure to COVID-19 for myself and/or children and absolve the Niagara Falls Art Gallery, all operations, persons and staff of any liability. I also will not be attending the Niagara Falls Art Gallery's annual general meeting and give my proxy to its Executive Director or her/his designate.</p>	
SIGNED (Parent Or Guardian)	