

THE ACADEMY OF THE SOUTH SIDE

REGISTRATION FORM

Fall Term 2011

Print this form and fill out the requested information, selecting the class(es) you would like to take. Mail the completed form, along with a check payable to The Academy of the South Side, to:

The Academy of the South Side (c/o Dan Vogel)
38 Magdalena Street
Pittsburgh, PA 15203

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact: _____
name/relationship/contact number

circle all that apply

PORTRAIT PAINTING	\$200.-
TOTAL:	

I agree to release and hold harmless The Academy of the South Side, its employees, program volunteers, Artisan Tattoo Gallery or other persons connected with the above, from all liability relating to any damage that I may sustain by my registration or participation in the classes, use or equipment or facilities therein.

Signature: _____ Date: _____