



REGISTRATION FOR TERM/SEMESTER PROGRAM

Name

Address.....

..... Post Code

Email.....

Tel no..... Mobile

1st Choice for term/semester: Day..... Time (pls circle) morning afternoon eve Please list classes if you are doing more than one per week

In the event that a class needs to be cancelled we wish to know your alternate choice

2nd Choice for term/semester: Day Time (pls circle) morning afternoon eve

Tom Bass Sculpture Studio School Inc reserves the right to alter any of the published arrangements, either before or during a course, or to cancel or terminate a course or workshop.

Previous encounters in Sculpture or other Art Studies

Date



Students under 18 yrs of age. CONSENT FORM

I (parent or guardian)..... consent for my daughter /son/ward

.....DOB..... to attend the Tom Bass Sculpture Studio School and understand that my daughter/ son/ward may participate in classes with life models.

Signature Date

I am paying \$.....

- 1. Cheque payable to: Tom Bass Sculpture Studio School
2. Eftpos available at the school/Credit Card
3. Direct deposits to National Australia Bank 082 387 55807 1350 (NB state your name in the deposit memo and send this form as a record for us)
4. Credit card: Visa [] Master [] Bankcard []

[][][][] - [][][][] - [][][][] - [][][][]

Name on card

Expiry date [][] / [][]

Signed Date