

DAIRY BARN **MEMBERSHIP BENEFITS**

Receive 10% discount off classes and workshops by becoming a Dairy Barn member. Other benefits include free admission to all exhibits, invitations to special events, gallery shop discounts, reduced costs on youth camps subscription to our newsletter. Artist level memberships gain access to meeting and studio time and many more benefits! For more information or to become a member, go to our Website www.dairybarn.org and follow the "Get involved Button".

Registration For	m for Classes	& Workshops at
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The Dairy Barn Arts Center

Class/Workshop Tit	tle:

Class/Workshop Number: _____

Work Shop Fee: _____

Start Date (s):

Name: _____

Are you Over 18?	Circle:	Yes No	If no, please see bottom of page
Address:			

City_____Zip____

Home Phone: _____

Cell:_____ Email:

Are vou a member? Circle: Yes No

Would you like to receive our news letter with information about future classes and workshops? Circle: Yes No

Cancellation and Deadlines

Exp.	
Secu	rity Code
Card	Holders Signature
numl kept	e payment is received, credit card ber will be blacked out and NOT on file! You can drop off or mai bent and registration form to:
Atter	ntion: Lyn
The	Dairy Barn Arts Center
P.O.	Box 747 Athens Ohio 45701

Payment Information

Please find my Check enclosed with this

Please make checks payable to the Dairy Barn Arts Center and include the class

number in the memo section.

#_____

form:

By Credit Card

All workshops and classes at the Dairy Barn have a registration deadline, typically 7 days before class or workshops starts. Registration forms must be received by the Education Director before that date. Registrations will be confirmed via email. There is a minimum requirement in attendance for each class or workshop which if not met may result in cancellation up to 5 days before the start date. In the event of a cancellation, all people who signed up will be notified and their payments will be refunded. Refunds will ONLY be given in the event that minimum enrollment is not met or for any other reason the class or workshop is cancelled.

FOR MINORS:

I also give permission for my child to participate in this Dairy Barn workshop or class and corresponding activities. In case of accident or serious illness, I request that I/we be contacted. I give permission for emergency medical treatment and to be transferred to the nearest medical facility. I agree to assume all costs related to such treatment and I release the Dairy Barn from any responsibility for injury or illness that may occur while my child participates.

Parent or	Guardian	Name ((Print)

Signature: _____ Date:_____

Please check here if you do not wish your child to be photographed for press and publicity._____

Allergy or special needs?