

REGISTRATION

STUDENT	SCHOOL	AGE
PARENT/GUARDIAN		
ADDRESS		
TELEPHONE		EMAIL
Please enroll m	e in the following class (write in ag	ge group, time, and date)
Note: a 10% discou	nt will be given to individuals or families who	enroll in more than one class.

Registration needs to be sent to: **COLORWHEEL STUDIO 2117 8TH AVE. W. SEATTLE Wa. 98119**Once you mail this form with payment, please assume you have been enrolled in any class for which you have paid. You will receive a reminder email several days prior to the start of the class you have registered for.

PLEASE NOTE THAT IF YOU DO NOT WISH TO MAKE A FULL PAYMENT WHEN YOU SEND IN YOUR FORM, A \$25.00 NON-REFUNDABLE PAYMENT IS REQUIRED TO RESERVE A SPOT IN THE CLASS. (If you cancel out of the class two weeks prior to the start of class the \$25.00 will be refunded.)

PLEASE MAKE CHECKS PAYABLE TO COLORWHEEL STUDIO

Refunds: Colorwheel Studio reserves the right to cancel any class with insufficient enrollment. If a class is canceled a full refund will be given.

Absences: No credit or prorating of fee is given due to absences.

The email address for Colorwheel Studio is colorwheel-studio.com. Phone #: 206-285-0831