

REGISTRATION FORM

This form can be returned by mail or in-person to 34 Riverdale Dr. Etobicoke, ON M9V 2T3, or emailed to fcag.art@gmail.com

This form **MUST** be completed and returned one week prior to the start of a program (i.e. class, workshop or camp). One form is required per registrant.

We accept cash, cheque, debit, Visa and Mastercard. Payment can be made in-person or by phone.



Franklin Carmichael Art Group

34 Riverdale Drive
Etobicoke, ON
M9V 2T3
416-740-6520
fcag.art@gmail.com
www.fcag.ca

Registration Policies

- Registration is not complete until payment is received.
- Registration is subject to availability. Programs are often limited to 10 – 12 registrants.
- Programs are based on studio space, equipment availability, instruction, and age of participants. Registrants must be 18 years or older to participate in adult classes.
- Materials are not included unless otherwise specified.
- Auditing of programs is not permitted.
- Registration is not transferable with another registrant or to another individual.
- Registrants will be notified if a program has been cancelled or changed. If a program is cancelled, the registrant will receive a full refund.
- Registrants can withdraw 7 or more days prior to the start of a program, to receive a full refund. Registrants can withdraw less than 7 days prior to the start of a program, to receive a refund less a \$30 fee. Registrants can withdraw after the start of a program, to receive a refund on a pro-rated basis less a \$30 fee.
- Registrants can withdraw and transfer payment to another program with no additional fee (subject to availability).
- Membership is mandatory for class participation.

Registrant Information

First Name	Last Name	Middle Name
Street Number, Street Name		Suite/Unit Number
City/Town	Province	Postal Code
Telephone Number		Email Address

Consent

I acknowledge that Franklin Carmichael Art Group has the right to ban a stakeholder from FCAG space(s) if they are not complying with the *FCAG Code of Conduct*. I have read and agree to comply with the *FCAG Code of Conduct*.

I would like to subscribe to the Franklin Carmichael Art Group newsletter. YES NO

Registrant Signature

Date (yyyy-mm-dd)

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Program Information					
#	Title	Instructor	Day	Time	Fee
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
Notes:			Total Fees:		\$

For Office Use Only	
Total Payment	Method of Payment Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>
Received Date (yyyy-mm-dd)	Receipt Number