

Registration



Tacoma Metal Arts Center
711 St. Helens St. #102
Tacoma, WA. 98402

Phone: 253-227-1694
Email; tacomametalarts@gmail.com:
www.TacomaMetalArts.com

Tacoma Metal Arts Center

Date : _____

Name : _____

Address : _____

City/State/Zip : _____

Phone : _____

Email Address : _____

How did you here about us? Friend/ Family Website Advertisement Other: _____

Class Title	# of Sessions	Class Dates	Price

Total: _____

Payment

- Credit Card
 Check payable to Tacoma Metal Arts Center
 Money Order
 Mastercard
 Visa

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

CVV on back of card: _____

Read and sign below:

Waiver:

Assumption of Risks: Use of Tacoma Metal Arts Centers', facilities, equipment and services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. In consideration of permission to use the facilities, equipment and services available at Tacoma Metal Arts Center I hereby waive Tacoma Metal Arts Center, its staff, volunteers and all agencies whose property and personnel are used as a part of TMAC's programs and any sponsoring of funding agencies or individuals for responsibilities of any injury, death, damage, loss, accident, delay or irregularity which may be occasioned for any reason whatsoever during the course of my participation. I hereby certify that I am physically able to participate in all the activities for which I am enrolled. TMAC assumes no responsibility for losses or additional expenses incurred.

Cancellation Policy:

If you cannot attend a class you have signed up for please contact Tacoma Metal Arts Center one week prior to the start date. Credit will be issued which can be used toward another class. Refunds will be made only if the class is cancelled by Tacoma Metal Arts Center.

Print Name _____

Signature _____ Date _____

Internal Use Only

Registration Completed:	
Date:	