

Program Registration Form

Name

Parent's Name (if applicable)

Street

City

Zip

Home Phone

Cell Phone

E-Mail Address

Title of Class

Session

Fees

Title of Class	Session	Fees
	Total	\$

_____ Check (Made payable to MDCA) _____ Cash

Charge my: Visa M/C Amex Discover

Card Number

Expiration Date

Signature

Liability Release: I hereby release Mount Dora Center for the Arts Board of Trustees, staff and members from any and all liability for personal injury or property damage that I or my child may suffer or sustain due to negligence or otherwise, in connection with any class, whether by ingress or egress, attendance or otherwise. I hereby allow MDCA to take photographs of me or my enrolled child/children to be used for MDCA public relations/marketing and archival purposes only.