

Avalon School of the Arts

TUITION and Fee information

Tuition and Fee information is specified in course descriptions

Tuition Agreement

Please Register:

Name: _____ Day/Week: _____

Class: _____ Time: _____

Name: _____ Day/Week: _____

Class: _____ Time: _____

Name: _____ Day/Week: _____

Class: _____ Time: _____

Name: _____ Day/Week: _____

Class: _____ Time: _____

I agree to pay \$_____ for the selected courses.

To reserve a place in class, I have enclosed payment in full.
Avalon School of the Arts accepts cash, check and credit cards.

WAIVER OF LIABILITY

I will not hold Avalon School of the Arts, its owners, or any of its employees responsible for any personal injury or property loss.

Signature of Parent/Guardian _____ Date _____

Please print name: _____

Please make checks payable to: **Avalon School of the Arts**

Holland Town Center - 12330 James Street, Suite B-50 - Holland, MI 49424
www.avalonschoolofthearts.com
616-738-6495