



REGISTRATION

- TO REGISTER:**
1. BY PHONE with a credit card at 281-829-2787.
 2. BY MAIL with payment & completed form to KVPAC at 2501 Mason Rd #290 Katy, TX 77450.
 3. IN PERSON at KVPAC. Business Office Hours are from 9-7pm on Monday - Friday. ★

CLASSES are held at KVPAC located in the Great Southwest Equestrian Center, 2501 Mason Road Suite 290, Katy, Texas 77450. Payment in full is expected at time of registration. Enrollment confirmation is made by phone prior to class start date. Make-up classes, refunds or class credits are not provided for student absences. Cancellations made by student within 2 weeks of start date are subject to a 30% administrative fee. KVPAC reserves the right to cancel classes not meeting minimum enrollment and students receive 100% refund. Tuition includes all supplies unless noted otherwise.

KVPAC Membership is not required to enroll in classes but there are some great benefits to consider:

- ✓ Tuition discounts on summer camps & other selected classes
- ✓ Advance Event Notice via email
- ✓ Membership dues are tax-deductible
- ✓ Art Matters Newsletter via email

Annual Dues are \$50 per Family or \$35 per Individual. Thank You for Supporting the Arts in Katy!

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| Student Name: | | Date of Birth Month & Day only | |
| Address: | | City | State & Zip |
| Home Phone: | Cell Phone: | Email | |
| Complete this line for minor students Parent Name: | | Student Age: | Grade |
| | | School | |
| Name of Class #1: | | Dates: | Tuition: |
| Class #2: | | | |
| Class #3: | | | |
| <input type="checkbox"/> Yes, I would like to be a KVPAC Member! Annual Dues: Individual - \$35 Family -\$50 Thank You! A tax receipt will be sent by mail. | | Health Concerns or allergies and/or accommodation is needed (check one): <input type="checkbox"/> N/A <input type="checkbox"/> Yes, contact me to discuss needs <input type="checkbox"/> Yes, details are on the back of form. | |
| Amount Due: (Tuition + Membership if applicable): _____ Payment Method: Check # _____ Credit Card: MC ___ Visa ___ AMX ___ Disc ___ ★ For security reasons, feel free to phone in credit card information during Business Office hours listed above ★ Credit Card Number: _____ Expiration Date: _____ | | | |
| Waiver to Hold KVPAC Harmless and permission to publish/record images of students and/or their work. Adult Student Signature Required: _____ Date: _____ Parent signs on behalf of minor: _____ | | | |