

Albright-Knox Art Gallery Program Registration Form

All registration must be accompanied by payment (cash or check). To pay by credit card, please call 716.270.8336.

Please indicate the program(s) you are registering for. All programs are accessible to those with special needs; please make special requirements known to the Education department staff prior to the event. Scholarship applications are available upon request. **If your registration is not cancelled 14 days in advance of the first class, no refund will be issued. Confirmation of registration will be sent, via e-mail, one week before class. The Gallery reserves the right to cancel any class that does not have sufficient registration.**

- Sticky Fingers**
Ages 2-3
\$75 Members / \$95 non-members
- Little Masters**
Ages 4-Kindergarten
\$65 Members / \$85 non-members
- Art for All Seasons**
Grades 1-2
\$65 Members / \$85 non-members
- Studio City**
Grades 3-5
\$75 Members / \$90 non-members
- HOME SCHOOLERS: IMAGINE ART**
Ages 4 - 6
\$70 Members / \$90 non-members
- HOME SCHOOLERS: STUDIO CITY**
Ages 7 - 9
\$85 Members / \$105 non-members
- STICKY FINGERS**
Ages 2 - 3
\$75 Members / \$95 non-members

Name(s) _____

Age/Grade of Children _____

Name of Parent or Guardian _____

Street Address _____

City/State/Zip Code _____

Daytime Telephone _____

Cell Phone _____

I would like to receive e-mail updates about Gallery programs and exhibitions.

E-mail Address _____

Waiver/Release

I hereby give permission for photographs and videos of my child and his/her artwork and/or myself and my artwork to be shown in promotional and informational materials for the Albright-Knox Art Gallery.

I hereby covenant and contract to release and indemnify, and hold harmless, the Albright-Knox Art Gallery, as well as its employees, contracted art educators, and volunteers, from any and all claims of whatsoever nature or type resulting from any act of commission, omission, or negligence of the Albright-Knox Art Gallery or agents arising from activities under or related to the enrollment of myself or my child for which a claim, demand, suit, or other action may be made or brought by any person or other entity against the Albright-Knox Art Gallery.

Participant Signature _____

Date _____

If Applicable, Parent or Guardian Signature _____

Date _____

All fields must be completed. Please mail the completed Registration Form with your payment to:

The Buffalo Fine Arts Academy

PO Box 8000
Department Number 028
Buffalo, New York 14267

For more information, please contact the Education department at 716.270.8296 or artclasses@albrightknox.org.

Number of Participants _____

Number of Classes _____

Subtotal _____

Total _____

I have enclosed
\$ _____
(total registration fee)

To pay by credit card, please call 716.270.8336. If paying by credit card, you do not need to complete this form, as the information on this form will be obtained over the telephone.

SPECIAL INSTRUCTIONS/NOTES:
