



Summer Community Art Education Program
Registration Form
Ullman Center

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

I would like to register for the following Summer Community Art Education Program Session(s):

Table with 3 columns: Session Name, Dates, Cost. Rows include 1., 2., 3., and Total Cost.

Please mail or email the completed registration form to:

Dawson Community College
c/o Summer Community Program
300 College Drive
Glendive, MT 59330
tmasau@dawson.edu

Payment Method

Payment must be submitted prior to starting the session. Payments can be made in installments of \$25 or more, with the last installment due at the start of the session.

Acceptable payment methods are: check made payable to Dawson Community College, cash, or credit card. To pay by credit card, please contact us.

Please register in advance as classes are limited

Cancellations

Cancellations must be made 3 days prior to the start of class for a refund.

Questions can be directed to Jennifer Wheeler, Art Program Director, jwheeler@dawson.edu or Traci Masau, AVP of Academics & Workforce Development, 406-377-9418 or tmasau@dawson.edu.



300 College Drive  
Glendive, MT 59330

**PERMISSION TO TAKE/USE PHOTOGRAPHS AND VIDEOS**

**Summer Community Art Education Program 2017**

I grant to Dawson Community College, its representative and employees the right to take photographs and videos of my child or myself and my property in connection with the above-identified subject. I authorize Dawson Community College, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Dawson Community College may use such photographs and videos of my child or myself with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

**I HAVE READ AND UNDERSTAND THE ABOVE:**

**NAME OF PARTICIPANT:** \_\_\_\_\_

**SIGNATURE OF PARTICIPANT OR PARENT OR GUARDIAN:** \_\_\_\_\_  
(if child under the age of 18)

**PRINTED NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_