



Please fill out and mail with payment to:

Whistle Stop Clay Works,
119 Harrison, Loveland, OH 45140

Name _____

Street _____

City, State, Zip _____

Phone (Day, Evening, Cell) _____

Email _____

Please enroll me in the following class(es) and/or event(s):

Table with 5 columns: Session, Name of Class or Event, Day/Time, Fee, Age, if child. Includes multiple empty rows for enrollment.

Class Fees \$ _____

Special Event Fees \$ _____

Other \$ _____

Total amount enclosed \$ _____

Deposit \$ _____

(Applicable for private events)

Payment Method: [] Cash [] Check [] Visa/MasterCard

Check Payable to: Whistle Stop Clay Works, 119 Harrison Street, Loveland, OH 45140

[] Visa [] MasterCard Name on Card: _____

Card Number: _____

3-digit code on back: _____ Expiration Date: _____

Signature: [Red box for signature]

Refunds & Cancellations: Tuition is not pro-rated. 100% of tuition (less a \$15 processing fee) will be refunded if a student elects to drop a class no later than one week (seven days) before the day of the first class meeting. 50% of tuition (less a \$15 processing fee) will be refunded if a student drops a class within two business days after the first class meeting. After this period if a student elects to drop a class, tuition and fees will NOT be refunded for any reason except documented medical emergencies. There are no other exceptions to this policy.

- We require full payment with your registration to reserve your spot in class.
- WSCW will contact you upon receipt of your registration. WSCW has the right to cancel, adjust, combine, or reschedule classes in order to adjust for enrollment. The minimum number of participants needed to establish a class is six. If WSCW cancels a class due to insufficient enrollment, registered participants will be informed and given the opportunity to register for another class or be refunded in full. Please register early or you might find that your favorite class is full or cancelled because of low enrollment.

How did you hear about Whistle Stop Clay Works? _____

Medical Information:

Do you have any allergies or special needs that we should be aware of?

In case of emergency, Whistle Stop Clay Works should contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

In case of emergency, Whistle Stop Clay Works is authorized to seek medical attention from emergency services and/or:

Doctor: _____ Phone #: _____

I understand that every precaution is taken to secure the safety of each student; however in case of an accident, I agree to release Whistle Stop Clay Works from any liabilities.

I have read and agree to the stated Whistle Stop Clay Works policy.

I give permission for photographs of myself or my work to be used by Whistle Stop Clay Works for promotional purposes.

Signature:

Date: _____

119 Harrison Street, Loveland, OH 45140 Phone: 513-683-CLAY (2529)
 Email: WSCW@whistlestopclayworks.com Website: www.whistlestopclayworks.com