



**ART CLASSES**

841 Flower Ave.  
Venice, CA 90291  
www.offrosegallery.com  
Cbodlander@aol.com  
310-664-8977

**Application For Art Classes**

**Students Name:** \_\_\_\_\_

**Grade In School:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**If you can not be reached, whom should we call?** \_\_\_\_\_

**Does your child have any medical condition or allergies that we should know about?** \_\_\_\_\_

**Class** \_\_\_\_\_ **Number of Sessions** \_\_\_\_\_

**Total Fee** \_\_\_\_\_

**Signature Of Parent/Guardian** \_\_\_\_\_

No make-up classes, unless prearranged. Tuition due in advance. Please make out check or money order to Off Rose Gallery and mail to: