



13330 Paseo del Verano, Suite H2
San Diego, CA 92128
858-312-1277
icaruscreativearts@live.com

Date of Class _____

Class Name _____

Instructor _____

Time _____

Class Registration

Name _____

Address _____

Phone _____

Email _____

Due to limited class size, all classes will be filled on a first come, first served basis. It is important that you are able to attend all classes to be able to complete your project. If for some reason you are unable to attend a class, one make-up class per 4-week session is available. Please give 24-hour notice if you are unable to attend a class. Full payment is required at the time of registration. A refund will be given if cancellation request is received 7 days prior to start of session. 50% refund for all cancellations within the 7 days before the start of a session. No refunds after classes have started.

Signature _____

Amount \$ _____

Materials \$ _____

Total Due: _____

PAID