



Youth Art Application

Name _____ M F

Address _____

City _____ State _____ ZIP _____

E-mail address _____

Phone (home) _____ (cell) _____

How did you hear about Youth Art? _____

I am interested in attending:

	Class Title	Date
1 st Choice		
2 nd Choice		
3 rd Choice		

I will: need a Supplemental Scholarship form
 pay the remaining balance.

Other classes I may be interested in: _____

Mail completed form to:

Villages Folk School
PO Box 532
Keosauqua, IA 52565
319-288-0047

**I acknowledge that registration in a class grants Villages Folk School the right to use my child's name, words and/or photograph in all forms and media for advertising and promotion.

Parent's signature