

STUTZARTSPACE
SUMMER/FALL 2008
CLASS SCHEDULE

212 W. 10th Street, B-110
Indianapolis, IN 46202

317.503.6420

317.488.7375 fax

education@stutzartists.com

www.stutzartists.com



STUTZARTSPACE is a nonprofit visual art center on the first floor of the Stutz Business Center.

Sponsored by the Stutz Artists Association, the flex-space of 1,600 square feet has multiple uses.

- Art classes and workshops of all mediums taught by Stutz artists as well as regional and national artists
- A modular gallery space within the center to allow for individual exhibits that showcase members' art (100% of sales go to the artist) as well as the art of workshop instructors
- Art activities that better connect artists, audiences and resources

HOW TO REGISTER:

By Mail: Complete the class registration form and mail with full payment to:

Educational Services

STUTZARTSPACE

212 W. 10th Street, B-240

Indianapolis, IN 46202

Check, money order, Visa or Mastercard accepted by mail, please do not send cash. Checks should be made out to: **Stutz Artists Association.**

By Phone: Please call 317.503.6420, Monday through Friday, 9am to 5pm, to register by phone. Visa and Mastercard accepted by phone. No check by phone.

By Fax: Complete the class registration form and fax with Visa or Mastercard information to 317.488.7375. No check by fax.

Classes must meet minimum enrollment to occur.

PLEASE READ CAREFULLY BEFORE REGISTERING:

REFUNDS:

Cancellations made 7 or more days prior to the start of a class to Educational Services will receive a full refund. Students must see their instructors regarding refunds if cancellations are made less than 7 days prior to the start of the class for refunds. Instructor's refund policies may vary.

TRANSFERS:

Transfers must be requested 7 or more days prior to the start of a class to Educational Services. Less than 7 days notice and the student may request a refund from their instructor and register in another class.



STUTZARTSPACE
SUMMER 2008 STUDENT REGISTRATION FORM

Please complete and return with full payment to:
 Educational Services
STUTZARTSPACE
 212 w. 10TH Street, Ste. B-240
 Indianapolis, IN 46202

Please complete a separate form for each student

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Emergency Phone: _____

E-mail (optional): _____

Birthdate (if under 18 years): _____ Parent/Guardian Name: _____

CLASS INFORMATION:

Class: _____ Instructor: _____ Fee \$ _____

Class: _____ Instructor: _____ Fee \$ _____

Class: _____ Instructor: _____ Fee \$ _____

<p>Method of Payment:</p> <p>_____ Check (#_____) _____ Visa _____ MasterCard</p> <p>Account #: _____</p> <p>Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Cardholder's Signature: _____</p> <p style="text-align: center;">Please print</p>

Subtotal \$ _____

Donation \$ _____

Total Enclosed \$ _____