

Please check applicable price category and complete all requested information, including participant's agreement and insurance, if applicable. (Nov 2015)

<input type="checkbox"/> Level I – Student Price* Student ID# _____ Class: Fresh Soph Junior Senior Grad Academic Dept. _____ <i>* for fee paying NC State students only; this price is unavailable to tuition waiver recipients, non-fee students, and spouses.</i>	<input type="checkbox"/> Level II – Affiliate Price _____ Alumni *(Class of _____); _____ Employee* or Centennial Partner*; _____ Parent of current NC State student; _____ Non-fee paying or OLLI student*; _____ Senior citizen (60+)* <i>(*discount not extended to spouses)</i>	<input type="checkbox"/> Level III – Base Price <i>General Public</i> NOTE: Minimum participant age for glass, lapidary jewelry/metals, wood & photography classes is 18 years of age; for all other classes, participants must be 14 years of age.	OFFICE USE ONLY Year _____ Semester: Summer Fall Spring <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">Workshop or Class</th> <th style="width:15%;">Amount Paid (Date & Initials)</th> <th style="width:15%;">Amount Refunded (Date & Initials)</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Workshop or Class	Amount Paid (Date & Initials)	Amount Refunded (Date & Initials)																					
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PLEASE PRINT: (if parent of a current student, list student's name after yours)

E-mail _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone Numbers:

Home (_____) _____

Work (_____) _____

Cell (_____) _____

Title/Section	Class Fee	Supply Fee	Alternate (if first choice is full)
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Class/Workshop _____	\$ _____	\$ _____	_____
Class/Workshop _____	\$ _____	\$ _____	_____
Class/Workshop _____	\$ _____	\$ _____	_____
Class/Workshop _____	\$ _____	\$ _____	_____
Class/Workshop _____	\$ _____	\$ _____	_____
Class/Workshop _____	\$ _____	\$ _____	_____
Studio Use (renewals only)	\$ _____		

glass jewelry/metals fibers
 wood photography
 clay lapidary

Sub Totals: \$ _____ + \$ _____ = **Total of \$ _____**
Checks returned by your bank for any reason will incur a \$25 return check fee.

PARTICIPANT AGREEMENT

All Participants Must Read and Sign:

I understand that I am participating in the Crafts Center program at NC State for my own personal benefit. As a participant of the Crafts Center program, I agree to exercise prudent caution and to observe all safety rules. As a condition of participating in this program, I understand that I am subject to all rules, regulations, and requirements as to conduct at NC State, including the Code of Student Conduct and North Carolina laws. In addition, I acknowledge that disruptive behavior or action on my part may be grounds for class or studio removal. I accept personal responsibility to use all safety measures required and posted in the area where I am working. I am aware of the potential danger of improper use of craft equipment. If I am unfamiliar with a procedure or operation, I will ask the area supervisor for help or advice. I share the responsibility to maintain a clean and safe work area and agree to return tools to their assigned storage areas. I agree to release, hold harmless and indemnify NC State, its trustees, officers, employees, and agents against all claims for bodily injury or property damage arising out of my use of these facilities and participation in this program. I also understand that publicity photographs may be taken at any time and that I must opt-out if I do not want my picture used. If my photograph is used, I also waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection with these photographs or pictures or the use to which it may be applied, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

For Glass, Lapidary, Jewelry/Metals, Photography & Wood Class Participants: Minimum age 18; health insurance required. I am covered by Health Insurance with the following company:

Company Name _____

My Policy Expires: _____ (Date)

Participant Signature: _____

Parent/Guardian (if minor) _____

Make checks payable to:

University Student Center

Mail payment and form to:

The Crafts Center
Campus Box 7320
NC State University
Raleigh, NC 27695-7320

or put in The Crafts Center "Drop Box"

No registrations accepted prior to designated registration date

Contribute to The Crafts Center

Brita Tate Endowment \$ _____

Enhancement Fund \$ _____

Multiple Class Discount

If registered for one class or one workshop, pay the Level I price for one additional class of equal or lesser value taken in the same semester.

Workshops are not discounted.

