



SONORAN GLASS S C H O O L

633 W 18th St, Tucson, AZ 85701

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www.sonoranglass.org

2012-2013 Registration Form

Visit our website for additional registration information and cancelation policies.

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

I would like to register for the following classes

Class	Session	Start Date	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Member Non-Member Total Tuition \$ _____

Join today and save on tuition! Membership \$ _____

Payment Information (full payment is due upon registration)

Total \$ _____

Check Enclosed Please Charge my: Visa Mastercard

Checks payable to SGS

Name as it appears on card _____

Card # _____ CCV (on back): _____ Exp. / _____

Signature _____

How did you find out about us?

Internet/Website Friend/Family Publication Other: _____

Did anyone refer you? Name: _____

Mail completed form with payment to: **SGS, 633 W 18th St., Tucson, AZ 85701**

Or Fax form to **(520) 623-9680**

Sonoran Glass Art Academy Student Safety Questionnaire

SGAA strives to make all classes, workshops, and community activities accessible for people with all types of physical restrictions or limitations. In our effort to ensure your safety and the safety of other students, we require all students to fill out a safety questionnaire. Answering “yes” to any of these questions does not disqualify you from taking classes at SGAA; using this information, we will do our best to accommodate each student. SGAA reserves the right to deny access to SGAA’s studios or to remove any student from a class at SGAA’s discretion based on our assessment of an individual’s potential risk of injury.

Are you visually impaired in either eye or have any vision problems? yes no

Do you have any hearing impairments? yes no

Can you walk without mobility issues? yes no

Do you have trouble going from a seated position to standing? yes no

Do you have all your appendages (arms, legs, hands, feet, fingers)? yes no

Are you sensitive to extreme heat/heat stroke? yes no

We work with high temperatures and want to make sure you stay hydrated and safe!

Can you lift a 10 pound object with ease? yes no

Do you have any other disabilities that we should know about that may affect your ability to work with glass?

Please list any prescription medications you are currently taking:

Student Signature

Date Signed