

The International Center for the Arts at Monte Castello, LLC

Registration Form - All Programs

Registration Date:

ICA program you are registering for, check one:

International Studio School

Study Abroad

Residency Program

Other

Class(es) you will be attending

Program Dates:

Program Cost:

Personal Information:

Name (Last, First, Middle)

Male

Female

Phone:

Email:

Web site (if applicable):

Mailing Address:

If temporary address, valid until:

Permanent Address:

Passport information:

Passport #:

Citizen of:

Place of birth

Date of Birth (Month/Date/Year)

Emergency contact information:

Name #1:

Phone:

Address:

Alternate Name #2:

Phone:

Address:

Insurance Information:

Health Insurance Carrier:

Policy Number:



Travel/Emergency Evacuation Insurance Carrier:

Policy Number:

Questions

Why do you want to attend the International Center for the arts at Monte Castello?

How did you hear about us?

Do you have a scholarship, grant or other fund you will be using for your stay?

yes no

Have you ever been convicted of a crime?

yes no

If yes, please submit a **Self Disclosure Form**

I agree to sign a liability/accident waiver in exchange for participation in the program at International Center for the Arts LLC

yes

I agree to provide medical information that may be pertinent to my stay at International Center for the Arts LLC

yes

I understand the costs of my program and that the deposit I submit with my registration form is non-refundable

yes

Signature

Date