

ACADEMY OF REALISTIC TAXIDERMISTRY

23474 Road 250 N

Havre, Montana 59501

(406) 394-1514 - Telephone

(406) 394-5790 - Fax

bpfd@taxidermyart.net - e-mail address

REGISTRATION FORM

Applicant Information:

Name _____	Date _____
Mailing Address _____	Telephone # _____
City _____	State _____ Zip Code _____
Social Security # _____	Age _____ Birthdate ____/____/____
Gender(____) Male, (____) Female	Marital Status _____

If applicant is under 18 years of age complete the following:

Name of parent or legal guardian _____
Address if different from above _____
Name of last school attended _____

Emergency and Medical Information:

Name of Person to contact in case of an emergency _____
Telephone # _____
Physician's Name _____ Telephone# _____
Special medical conditions and/or allergies _____

Medications taken on a daily basis for medical conditions _____

A.R.T. RESERVES THE RIGHT TO REFUSE ENROLLMENT/SERVICE TO ANY PERSON FOR ANY REASON

Accommodations:

Accommodations are available for all of the following. Please mark with an "X" all special accommodations/needs you will require:

Handicapped accessibility Sign language interpretation
 Tutor for academic portion of course

Please explain: _____

Please mark with an "X" one of the following:

Yes, I am attending this course with a friend/spouse.

Friend/spouse's Name: _____

No, I am not attending this course with a friend/spouse.

Course Registration:

Please mark with an "X" which course you will be attending and the date. (Refer to the course outline sheet when making your selection). Class space is limited to eight (8) students per class.

<input type="checkbox"/> Fish	Dates attending _____
<input type="checkbox"/> Birds	Dates attending _____
<input type="checkbox"/> Fish & Birds	Dates attending _____
<input type="checkbox"/> Gamehead	Dates attending _____
<input type="checkbox"/> Lifesize	Dates attending _____
<input type="checkbox"/> Gamehead & Lifesize	Dates attending _____
<input type="checkbox"/> All (8 weeks)	Dates attending _____
<input type="checkbox"/> Six day intermediate	Dates attending _____

List any taxidermy training or experience you may have _____

Signature and Certification:

I have received a copy of the student handbook and have read, fully understand, and agree to all terms and conditions set forth therein. All the information in this application is true, correct and complete to the best of my knowledge and is submitted to the Academy of Realistic Taxidermy for the purpose of enrolling in one or more of the taxidermy courses. I fully understand that course space is limited and registrations are accepted in the order they are received. I have enclosed with this registration form a check or money order in the amount of \$800.00 as the non-refundable registration fee of \$500.00 and the refundable \$300.00 damage deposit.

Signature of applicant or guardian _____ Date _____