

ACADEMY OF REALISTIC TAXIDERMISTRY

23474 Road 250 N

Havre, Montana 59501

(406) 394-1514 - Telephone

(406) 394-5790 - Fax

bpfed@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 courses 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.

_____ Fish Dates attending _____

_____ Birds Dates attending _____

_____ Fish & Birds Dates attending _____

_____ Gamehead/Lifesize Dates attending _____

_____ Habitat & Base Work Dates attending _____

_____ All (8 weeks) 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.

Signature of applicant or guardian _____ Date _____

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