
Student Enrollment Form

Name:

Address

City, ST, Zip

Email: **Phone:**

I have access to a digital camera.

I agree that all materials I submit to the Virtual Art Academy for review may be used (anonymously) by the Academy for inclusion in any materials published by the academy including publications, tutorials and marketing materials.

I agree to maintain the latest version of industry accepted virus software on my computer.

Name and version number of my virus software:

Signed

Please email this form to support8@virtualartacademy.com

Please tell us how you found out about the Virtual Art Academy:

Searching the web for art courses

A friend recommended the academy

A link from another website (please tell us which one)

An ad in a magazine (please tell us which one)

You picked up a brochure (please tell us where from)

Other (please specify)