

## CLASS REGISTRATION FORM

Name of Class: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date(s) of class: \_\_\_\_\_

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Please send a check for the class to Keizer Art Association, 980 Chemawa Rd. NE Keizer, OR, 97303 or call (503)390-3010 Thurs. & Fri. 1-4, Sat. 10-4 to register. KAA accepts cash, checks, and Visa/Mastercard.