

CLASS REGISTRATION

Name of class \_\_\_\_\_  
Instructor \_\_\_\_\_ Date(s) of class \_\_\_\_\_ Student  
Name \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_ ph.# \_\_\_\_\_ Please send a  
check for the class to Keizer Art Association, 980 Chemawa Rd. NE Keizer, OR, 97303 or call  
(503)390-3010 Tu, Wed, Th. & Fri. 1-4, Sat. 10-4 to register. KAA accepts cash, checks, and  
Visa/Mastercard.

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