



Class Registration Form

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/