



## Class Registration Form

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Class \_\_\_\_\_

Instructor \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Fee Enclosed \_\_\_\_\_ Date \_\_\_\_\_

Please make check payable to Instructor.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Mail to : 1870 Art Center  
1870 Ralston Ave.  
Belmont, CA 94002