

2009 Youth Class/Workshop Registration

Name(s)_____ Age(s)_____

Parent(s)_____

Address_____

Phone_____

Emergency Contact_____

Special Information/Allergies_____

E-Mail_____

Class/Workshop(s)_____

Payment \$_____

Check nbr._____

or Visa/MC_____

exp_____ sig_____

Mail Registration form and check to:

Art Alliance
P.O. Box 811
Lemont, PA 16851