



CLASS REGISTRATION FORM

Name _____ Email _____

Address (include City, State, Zip) _____

Phone _____

How did you find out about this class?

Class/Teacher **Class Date/Time** **Cost / Supply Fee**

TOTAL _____

Method of Payment *

Cash Check (made out to **SCAC**)

Online Payment (*please print and bring this registration form and your receipt of payment*)

By signing the registration form, I give permission for Art Works Gallery to use promotional photos for our newsletters, publications, website, and/or news media.

SIGNATURE _____

DATE _____

Please contact us if you have any questions: artworks@artsinseneca.org
Art Works Gallery, 109 Fall Street, Seneca Falls, NY 13148 www.artsinseneca.org

** Due to the artist/ instructor's advance-planning requirements, registration fees are non-refundable.*