

City | **ART** Incorporated
WORKSHOP REGISTRATION

WORKSHOP/CLASS: _____ PRICE: _____

LOCATION/START DATE: _____

PAID WITH: _____

STUDENT NAME: _____

STUDENT ADDRESS: _____

PHONE #: _____ E-MAIL: _____

GAURDIAN NAME(if applicable): _____

STUDENT/GAURDIAN SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: _____