



CLASS REGISTRATION

<u>Name of Class:</u>
<u>Instructor:</u>
<u>Date(s) of Class:</u>
<u>Student Name:</u>
<u>Email Address:</u>
<u>Street Address:</u>
<u>Phone:</u>

Please send a check for the class to Keizer Art Association, 980 Chemawa Rd. NE Keizer, OR, 97303.
Have questions? Please contact: keizerartassociation@gmail.com