

Class Registration Form

MAD Art, Inc.

Please fill out completely in case we need to reach you. Thank you!

Your Name _____

Date _____

MAD Art, Inc. Member? (circle) **YES** **NO**

If not a member, we encourage you to join & save on workshop fees.

Age (if under 18) _____

Address _____

City, State, Zip _____

Phone: _____

Cell: _____

Email _____

Class _____

Cost _____

Class _____

Cost _____

Class _____

Cost _____

Class _____

Cost _____

Total _____

Make check payable to: **MAD Art, Inc.** not to the instructor

Mail to: **MAD Art, Inc.**
 PO Box 177
 Hamilton, NY 13346

Participant's Signature (or Parent's signature if under 18)

UNDERSUBSCRIBED CLASSES WILL BE CANCELLED AND MONEY RETURNED