1109 GALLERY

WORKSHOP SIGN-UP

Today's Date_____

Name _____ Daytime Phone _____

Email Address_____ Alternate Phone _____

Address_____ City _____ State ____ Zip _____

Emergency Contact _____ Phone _____

Are you a member of the Lawrence Art Guild? Yes No

If No, would you be interested in receiving more information? Yes No

WORKSHOP NAME	*INSTRUCTOR'S NAME*	*DATE OF WORKSHOP*	*FEES*
		TOTAL DUE:	

Payment Method: CASH CHECK VISA MASTERCARD

SUBMIT WITH FULL PAYMENT AT THE 1109 GALLERY, DURING REGULAR BUSINESS HOURS
OR SEND BY MAIL: 1109 GALLERY, ATTN: CLASS COORDINATOR, 1109 MASSACHUSETTS LAWRENCE, KS 66044