

CLASS REGISTRATION

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone number: _____ Cell number: _____

How did you hear about the Lyme Art Association? _____

CLASS AND WORKSHOP FORM

Class _____

Class _____

Instructor _____

Instructor _____

Fee _____

Fee _____

Day of week _____ Time _____

Day of week _____ Time _____

Class _____

Class _____

Instructor _____

Instructor _____

Fee _____

Fee _____

Day of week _____ Time _____

Day of week _____ Time _____

Make checks payable to LAA.

We also accept MasterCard, VISA, and American Express. Card type: _____

Credit Card# _____ Exp. Date: ____/____/____

Total: \$ _____ V-Code/Security Code: _____

Signature: _____ Date: ____/____/____

Mail this form to:

Lyme Art Association, 90 Lyme Street, Old Lyme, CT 06371