

A TASTE OF ART

AT UNTITLED

REGISTRATION FORM

NAME: _____

PHONE: _____

EMAIL: _____

ATTENDING: _____

NAME OF ATTENDING:

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

DATE OF CLASS(ES) YOU WISH TO ATTEND: _____

PAYMENT TYPE: Visa M/C Check Cash

CARD #: _____ EXP: _____

SIGNATURE: _____