

BEARDSLEY GALLERY / ART STUDIO

REGISTRATION FORM

I-----PERSONAL INFORMATION-----I

Name: _____

Address: _____ Apt/Suite: _____

City/Town: _____ State: _____ Zip: _____

Phones: Hm: _____ Cell: _____ Work: _____

Email: _____

Age, if under 18: _____ Name of Parent/Guardian: _____

Signature of Student: _____ Date: _____

Course you are registering for

Semester: ___ Fall ___ Winter ___ Spring ___ Summer ___ Workshop

| Course Name | Day | Time | Price |
|-------------------------------------|-----|------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| non refundable deposit per class | | | \$35.00 X ___ |
| Balance due | | | |

Method of Payment: (Circle One) Cash Check MC/ Visa

Credit Card #:

Expiration Date:

Name and Address on Credit Card if different from above: _____

GOALS FOR THIS CLASS: _____

HOW DID YOU HEAR ABOUT US?: _____

Please print this page and mail to:

BEARDSLEY GALLERY 196 DANBURY RD WILTON, CT 06897 203-762-3312