

Registration Form

Name: _____

Address: _____

City, State Zip: _____

Email: _____

Member: _____ Non Member: _____

Class or Workshop:

Date	Class	Fee
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Total Fees _____

Payment:

Name on card: _____

CC# _____

Exp: _____ / _____ Zip Code: _____ CVC: _____

I authorize the above fees to be charged to my above listed credit card.

Signature: _____

Or mail a check payable to:

GBAC Art Education Program
P.O. Box 358
Grand Blanc, MI 48480