



# CLASS REGISTRATION

CLASS(ES) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME(S) : \_\_\_\_\_  
\_\_\_\_\_

ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE NUMBER : \_\_\_\_\_

FOR CHILDREN'S CLASSES ONLY:

AGE : \_\_\_\_\_

PARENT'S NAME : \_\_\_\_\_

Complete the registration form and along with the appropriate registration fee(s) mail to Suffolk Art League, P. O. Box 1086, Suffolk, VA 23439.