



## CLASS REGISTRATION FORM

CLASS TITLE(S):

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STUDENT NAME(S):

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ADDRESS:

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

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

FOR CHILDREN'S CLASSES ONLY: AGE(S) \_\_\_\_\_

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

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