

Barn Hill Studio

REGISTRATION FORM

Please complete this form in BLOCK LETTERS.

NAME (Mr./Mrs./Miss): _____

ADDRESS : _____

EMAIL : _____

TELEPHONE NO: _____ (H) _____ (O)

IN CASE OF EMERGENCY

CONTACT PERSON : _____ RELATIONSHIP : _____

TELEPHONE NO: _____ (H) _____ (O)

Please complete this form and mail it back with a check payable to:

Barn Hill Studio
20 Barn Hill Road
Monroe, CT 06468

CLASS:

COURSE FEE

- | | |
|--|-------|
| <input type="checkbox"/> Monday pottery class (ages 6-12) | \$90 |
| <input type="checkbox"/> Weds. Pottery class (ages 6-12) | \$90 |
| <input type="checkbox"/> Tuesday drawing & painting class (ages 6-12) | \$90 |
| <input type="checkbox"/> Tuesday Young adult open forum (ages 13 & up) | \$120 |
| <input type="checkbox"/> Thursday adult pottery | \$120 |
| <input type="checkbox"/> Sat. workshop | \$45 |

Total: _____

BIRTHDAY PARTY

Date:

Sat. or Sun. (circle one)

Number of guest:

\$20 per child

DECLARATION:

I hereby declare that all the above information is correct.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Class : _____
Amount Paid : _____
Paid Date : _____
Check No. : _____