



Class Registration Form

Name:						
Address:				Email:		
City:		State:		ZipCode:		
Phone#:						
Please check the art instruction classes you would like to see offered and attend at the Art Center This in no way obligates you to take any further classes.						
<input type="checkbox"/>	Visual Journaling	<input type="checkbox"/>	Water Colors			
<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Mixed Media			
<input type="checkbox"/>	Oil Painting	<input type="checkbox"/>	Creativity classes to help you be more creative			
<input type="checkbox"/>	Acrylic Painting	<input type="checkbox"/>	Paper Mache'			
<input type="checkbox"/>	Collage	<input type="checkbox"/>	Pastels			
<input type="checkbox"/>	Sculpture	<input type="checkbox"/>				
List any other areas of interest below						
<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/>		<input type="checkbox"/>				
Please list your best days and times to take classes below – check the time/day you would prefer.						
<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/>		<input type="checkbox"/>				
<input type="checkbox"/>		<input type="checkbox"/>				

Class Instructor:		
Class Name:	Dates:	Fees:
Class Name:	Dates:	Fees:
Please make checks payable to:		
Eye of the Eagle Art	Check Number:	Amount:
Credit Card		
MC <input type="checkbox"/>	VISA <input type="checkbox"/>	Discover <input type="checkbox"/>
Amount:		
CC#:	Code:	Exp Date:
Name as it appears on card:		
Signature:	Date:	

Mail this form along with your payment to: Eye of the Eagle Art - 131 E. 1st Street - Clayton, NC 27520

You will receive a confirmation by email.