



STUDIO & GALLERY

# Class/Workshop Registration Form

Mail this form with your check payable to:  
317 Studio & Gallery, Inc.  
317 Market Street Ste. 1 Rockford, IL 61107  
PLEASE DO NOT MAIL CASH.

## Class Date & Description:

Name: \_\_\_\_\_

Email (parent email if under 18): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

OPTIONAL FOR DEMOGRAPHIC PURPOSES:

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**THANK YOU FOR REGISTERING!**

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OFFICE USE ONLY

PAYMENT RECEIVED

PAYMENT METHOD

DATE: \_\_\_\_\_

CHECK/CASH  
PAYPAL  
CREDIT CARD

CHK # \_\_\_\_\_