

Today's Date: _____



CLASS/WORKSHOP REGISTRATION FORM

Please complete this form and return with your payment

IN PERSON: St. Augustine Art Association – Noon to 4pm, Monday-Friday
BY MAIL: St. Augustine Art Association, 22 Marine St., St. Augustine, FL 32084
BY FAX: (904) 824-0716
BY PHONE: (904) 824-2310
BY EMAIL: staart@bellsouth.net (attach this form to email)

(Please Print)

CLASS/WORKSHOP TITLE: _____

INSTRUCTOR: _____

DAY: _____ DATE: _____ TIME: _____

STUDENT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____ EMAIL: _____

Are you a St. Augustine Art Association Member? Yes No

PAYMENT METHOD (*Circle*): CHECK CASH VISA/MC/DISCOVER AMT: \$_____

CARD#: _____ EXP DATE: _____

NAME ON CARD: _____

Thank you for your registration! Please make checks payable to the St. Augustine Art Association. Do not mail cash. Registration is on a first come, first served basis. Your registration is guaranteed upon payment. A materials list will be provided upon receipt of payment. If a class does not meet the minimum number of students, it will be cancelled and a full refund will be given. Refunds will not be given if a student cancels after the start of a workshop. An administrative fee will apply for cancellations prior to the start of class.