

BAA STUDIO CLASS REGISTRATION FORM

Name of Class: _____

Date: _____

Instructor: _____ Class Fee: \$ _____

Your name: _____

Address: _____

Phone: _____ Email: _____

Make checks payable to: BEAUFORT ART ASSOCIATION

Note: Checks will be held for deposit until class registration is complete.

Refunds will be made if minimum class enrollment is not reached.

Mail to: Ellen Long

Phone: 843 838-3205

709 Rock Beauty Road

Fripp Island, SC 29920



Studio Class Co-ordinator