

# Class and Seminar Registration

I WISH TO REGISTER FOR THE FOLLOWING CLASS(ES):

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Name \_\_\_\_\_

Address \_\_\_\_\_

Amount enclosed \_\_\_\_\_

Phone and email \_\_\_\_\_

To register please print and fill out this form and send to :  
Rosamond Casey  
McGuffey Art Center  
201 2<sup>nd</sup> Street, NW  
22902

434 293 8733  
rctreehouse @earthlink.net

*I understand that no refunds are given and that the instructor and the McGuffey Art Center are not responsible for personal injury or loss of property.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_