

CLASS enrolled in _____

NAME: _____

EMAIL: _____ @ _____

Mailing Address: _____

CITY : _____

STATE: _____

ZIP : _____

Phone: _____

Cell phone: _____

TEXT: PLEASE MAIL YOUR REGISTRATION TO

Robin Swaby
3978 Tessentee Rd
Franklin NC 28734

JANUARY 2010 WINTER QUARTER 10 WEEKS START - WEEK OF JAN 4 END- WEEK OF MARCH

	MONDAY	TUESDAY	WEDNESDAY	WORKSHOP	FEES	Additional	TOTALS	AMT DUE	PAID
	9:45 Water Color Beginning	9:45 -Independent Study	10:00 DRAWING: Nature						
	12:45 ACRYLICS/ Loose and Juicy	3:45 OILS I/A Details/Impressions	1:30 COLOR Choices						
	3:45 PASTEL-Pizzazz	3:45 Oils Beginning							
			ONETIME	REGISTRATION	15.00				
CREDIT CARD	CASH \$ __:_____	CHECK # _____	DATE: _____	__X RATE	225.00				
VISA/MC	CC AMT	CHECK # _____	DATE: _____	__X Rate					
AMEX	CC AMT	CHECK # _____	DATE: _____	Total					

SIGNATURE _____

Date: _____

DIRECTOR: _____

Date: _____