



GALLERY 194 CLASS REGISTRATION FORM

Name: _____ Age (if under 18): _____

Parents Signature (if participant is minor): _____

School: _____ Principal's Name: _____

Phone Number: (____) _____ Cell Number (____) _____

Mailing Address: _____ City _____

Zip Code: _____ **Email Address:** _____

Class Session (winter, spring, summer, fall): _____ Year: _____

1. Class Name: _____

Instructor's Name: _____

Class Start Date: _____ Cost: _____

2. Class Name: _____

Instructor's Name: _____

Class Start Date: _____ Cost: _____

**Mail form and check to
Gallery 194 / Class Registration
194 West Nepessing
Lapeer MI 48446**

...Or stop by or call the gallery, we would love to meet you!
When we receive payment we will send you an email confirmation.
Thank you for registering for classes at Gallery 194.

If there are any questions please call us at 810-667-1495
Email questions to cmccarter@ci.lapeer.mi.us