2026 Adult Art Class Registration

Name(s): _____

Email: _____

Cell #: _____ Home #: _____

Summer Address: _____

Winter Address: _____

Preferred method of communication:

☐ **Email** ☐ **Phone** ☐ **Mail**

CLASS _____

CLASS DATE_____ COST_____

CLASS _____

CLASS DATE_____ COST_____

CLASS _____

CLASS DATE_____ COST_____

CLASS _____

CLASS DATE_____ COST_____

CLASS _____

CLASS DATE_____ COST_____

TOTAL AMOUNT ENCLOSED: _____

PLEASE INCLUDE YOUR PAYMENT AND REGISTRATION FORM & MAIL TO:
CAPE VINCENT ARTS COUNCIL P.O.BOX 848 CAPE VINCENT, NY 13618