

Classes Registration

Register and pay online or mail application below.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

List the classes and amounts or those you wish to attend:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

Please make checks payable to:

Sandwich Arts Alliance

PO Box 1332

Sandwich, MA 02563

Prices differ (ex \$110/120) depending on whether you are a member of the Sandwich Arts Alliance. Membership information, registration information, and refund policies are available on our website

www.sandwichartsalliance.org