



Washington Street Artists' Cooperative

Class Registration Form

Student's Name: _____

Email: _____

Mailing Address with zip code:

Phone(s): _____

Course: _____

Date(s) of Class: _____

Tuition: \$ _____

Materials Fee if any: _____

Check # _____ Credit Card _____ (last 4 digits)

Date received: _____

Amount: \$ _____

Name on card: _____

Exp Date: _____

Associate Processing Registration: _____ Date: _____

Classes require advance registration and payment.

Payment may be made at the gallery or by phone with VISA, MasterCard or Discover.

Register by mail with check or money order payable to **Washington Street Artists' Cooperative**.

Unless otherwise indicated, all classes take place at: Washington Street Artists' Cooperative,
235 W. Washington Street, Charles Town, WV 25414. <http://WStreetGallery.com> 304.724.2090.

Tuition and fees are not refundable unless a class is canceled. If a class is canceled, tuition and fees will be refunded if accurate mailing address is provided by the student. In case of inclement weather, please contact the gallery and/or the instructor to determine if class will be held.