

REGISTRATION

BAA STUDIO CLASS REGISTRATION FORM

Name of Class: _____

Date: _____

Instructor: _____ Class Fee: \$ _____

Your name: _____

Address: _____

Phone: _____ Email: _____

Make checks payable to: BEAUFORT ART ASSOCIATION

Note: Checks will be held for deposit until class registration is complete. Refunds will be made if minimum class enrollment is not reached.

*Mail to: Ellen Long
709 Rock Beauty Road
Fripp Island, SC 29920*