

REGISTRATION BY MAIL

PLEASE SEND YOUR CHECK MADE PAYABLE TO:
LE PETIT ARTIST
267 CARSONIA AVENUE
MT. PENN, PA 19606

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

ZIP: _____

1ST WORKSHOP

I WISH TO RESERVE A SPOT IN THE _____ WORKSHOP CONDUCTED ON _____.

COST \$ _____

2ND WORKSHOP

I ALSO WISH TO RESERVE A SPOT IN THE _____ WORKSHOP CONDUCTED ON _____.

COST \$ _____