

2009 Children's Art Class

Registration Form

Name: _____ Age: _____

Address: _____

City: _____ P.C.: _____

Email Address: _____

Home Phone: _____

Contact Person: _____

Contact Number: _____

Class Season: _____ Session #: _____

Amount: _____ Cheque #: _____



Please return registration form to The Gibson Gallery at least one week prior to art class with payment.

140 Richmond St.

11am - 5pm

519-736-2826