

2010 Children's Classes Registration Form

Name: _____ Age: _____

Address: _____

City: _____ P.C.: _____

Email Address: _____

Home Phone: _____

Contact Person: _____

Contact Number: _____

Class: _____ 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-4pm

519-736-2826