



Class/Workshop Registration Form

To register for a class by mail, print and complete this form. Send it with payment (checks made out to the Wickford Art Association) to the gallery. Please direct any questions to 401.294.6840 or gallery@wickfordart.org.

Wickford Art Association Gallery
36 Beach Street
Wickford, RI 02852

Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Class Title: _____

Class Instructor: _____

Amount Enclosed: _____

Payment Method: _____

Please Circle: member or non-member

A list of supplies (if applicable) will be sent from the gallery or directly from the instructor.

The Wickford Art Association reserves the right to cancel classes if the required minimum enrollment is not met. If a class is cancelled, a full refund will be made. Cancellations made by students within one week of the class will be subject to a \$15 administrative fee. No refunds will be issued once a class has begun.

Office use: Date Received: _____ Initials: _____ Payment: _____