REGISTRATION FORM

Enrollment is on a "first come first served" basis.

Mail completed form and check made out to *Heldeberg Workshop Adult Program* to:

HELDEBERG WORKSHOP ADULT PROGRAM
PO Box 323
Voorheesville, NY 12186

Class Number	Class Name	Tuition + Materials Fee (if any)
	Total amount	

Name: _____
Address: _____
_____
Phone: _____
e-mail: _____

Please sign here if you give the Heldeberg Workshop permission to use pictures taken at your class in our promotional materials (such as our website).

_____

Name **date**

See www.heldebergworkshop.org for additional registration forms
Call 765-2777 for more information