

# Saratoga Clay Arts Center

## CLASS/WORKSHOP REGISTRATION FORM

\_\_\_\_\_  
 Name Age (if child)

\_\_\_\_\_  
 Address City St Zip

\_\_\_\_\_  
 Home Phone # Cell Phone # Emergency #

\_\_\_\_\_  
 email

\_\_\_\_\_  
 Signature (Your signature implies acceptance of the Saratoga Clay Arts Center terms of enrollment)

- Classes may be cancelled due to low enrollment (payment fully refunded)
- Workshops with insufficient enrollment will be cancelled and payment fully refunded
- Tuition is due in full at time of registration

Please enroll me in the following class(es) and/or workshop(s):

Dates	Course/Workshop Title	Day/Time	Instructor	Tuition
			Materials Fee	
			Total	

Ck or Money Order payable to:  
 Print this form, fill out & mail form to:

**Saratoga Clay Arts Center**  
 Saratoga Clay Arts Center  
 167 Hayes Rd  
 Schuylerville, NY 12871