

REGISTRATION FORM

NAME: _____

ADDRESS: _____

STATE: _____ ZIP: _____

PHONE: (H) (_____) _____

(W) (_____) _____

(C) (_____) _____

E-MAIL: _____

CLASS(ES): _____

DATE(S): _____

FEE: _____

FUTURE CLASS IDEAS or something that you would like to learn about: _____

PLEASE PRINT THIS FORM TO REGISTER & SEND WITH PAYMENT TO:

**MARIANNA PADILLA
4416 PLEASANT AVE SO
MPLS MN 55419**