



Instructor's Class Form

Please print out this form and mail to:
Artworks, PO BOX 606, Chestertown MD 21620

Class Title _____

Instructor _____

Days, dates & exact times of class(es)

Tuition: Members _____ Non-members _____

Materials fee _____ Materials students must bring _____

Suitable for ages: ___adults ___12+ ___small children ___all ages

Suitable for level: ___beginner ___intermediate ___professional ___all

Number of students: maximum _____ minimum _____

Location of class: ___Artworks ___Other

Directions _____

Publicity Description _____

Cut off date for registration _____

Instructor Tel. No. _____ Email _____

Address _____ SSN _____

Artworks contact _____ Tel. No. _____