

# ARTS VISALIA VISUAL ART CENTER



These one-of-a-kind workshops will be a fun chance to create art projects for your home, the holidays, and gifts for any occasion. Come with your friends and family!

Register by Mail: P.O. Box 251, Visalia, CA 93279 | Email: [artsvisalia@sbcglobal.net](mailto:artsvisalia@sbcglobal.net)  
 Gallery location: 214 E. Oak Ave, Visalia, CA 93291 | Gallery Hours: Wed. - Sat. Noon - 5:30pm  
 For more information call 559-739-0905 or visit our website [www.artsvisalia.org](http://www.artsvisalia.org)

Student name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

No, I do not want to be added to the email list!

Do you have any allergies/medical conditions ARTS VISALIA needs to be aware of?  Yes  No

Please list, if yes: \_\_\_\_\_

No, I would not like to be photographed during class for website and/or promotional materials, including local media outlets.

Day:	Workshop:	Time:	Cost:	Tuition Paid:
<input type="checkbox"/> <b>OCTOBER</b> Thurs, Oct. 26	Date to Create October	6pm-8pm	\$30	Class Tuition: \$ _____
<input type="checkbox"/> <b>NOVEMBER</b> Thurs, Nov. 16	Date to Create November	6pm-8pm	\$30	Class Tuition: \$ _____
<input type="checkbox"/> <b>DECEMBER</b> Wed, Dec. 6	Date to Create December	6pm-8pm	\$30	Class Tuition: \$ _____

My preferred method of payment is: Cash  Check # \_\_\_\_\_ Square  Paypal  MasterCard  Visa  Amex  Discover

Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Verification code: \_\_\_\_\_  
(3-digit code)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:

R			MC	A	D		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCT.	NOV.	DEC.					