



Class Name _____

Teacher's Name _____ Phone # _____

E-Mail address _____

Date of class _____

Time of class _____ to _____ Cost of class: _____**_

** It is the responsibility of each teacher to make sure that the material fees charged adequately cover all their costs relating to this class.

Maximum Class Size _____

Supplies Needed:

Kits will be available Yes _____ No _____ Cost \$ _____

Skill Level: Beginning _____ Intermediate _____ Advanced _____

You must call teacher two weeks in advance, to guarantee your space and kit. This allows the teacher to prepare proper amount of kits. The classes will be filled on a first come basis.

Please forward this information as an attachment, so it does not have to be rewritten.

Thank You

