

REGISTRATION FORM

Make checks payable to: Hallowell Clay Works

134 Water Street
Hallowell, ME 04347
207-622-0706

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

CELL _____

CLASS/WORKSHOP _____

DATE/DAY/TIME _____

AMOUNT _____

Parents please complete

If I cannot be reached in an emergency, you have my permission to take my child _____ to the emergency room.

_____ Parent Signature

_____ Name of Parent

_____ Cell Phone #

Tuition is due the week before class. A \$100.00 deposit is required (\$50 nonrefundable). If you miss a class you may make it up during the same session.