

**Registration Form MAD Art, Inc.  
Spring 2010 Classes**

Your Name \_\_\_\_\_

MAD Art, Inc. Member? (circle)      **YES**      **NO**  
*If not a member, we encourage you to join & save on workshop fees.  
Membership form is on the back of this page.*

Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Class \_\_\_\_\_ Cost \_\_\_\_\_

Class \_\_\_\_\_ Cost \_\_\_\_\_

Class \_\_\_\_\_ Cost \_\_\_\_\_

**Total** \_\_\_\_\_

Make check payable to: **MAD Art, Inc.**

Mail to:      PO Box 177, Hamilton, NY 13346 or  
                 Drop off at MAD Art Gallery, Lebanon St. Alley

Participant's Signature (or Parent if under 18)

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