



Fall Workshop Entry Form

Name: _____ Address: _____

Email: _____ Phone: _____

Are you currently a member?

Yes

No

Comments:

I understand registration fees are nonrefundable

**Mail check made out to Bethlehem Art Association and a copy of your registration form to:
Jacqueline Smith 8 Clemont St. Albany NY 12203**

Please still submit your form online AND print a copy to mail in with your check