

PIZZAZZ WORKSHOPS & LESSONS REGISTRATION FORM

First Come-First Served

YES! Sign me up for _____
name of the workshop or lessons start date of workshop or sessions

Name _____

Mailing Address _____

E-mail _____ Phone _____ Cell _____

Enclosed please find my check for \$ _____

I prefer to pay by credit card. Mastercard Visa AmEx

Name on Card _____ Card # _____

EXP DATE _____ CVV # _____

Tell me about your experience with clay and what you hope to accomplish during your lessons

I understand that payment must be made in full two weeks before the start of the first class.
If I cancel less than one week from start date I will receive only 50% of my payment.

Signature _____ Date _____

Confirmation will follow by e-mail.

Please mail to: Pizzazz, 647 Route 4A East, Fair Haven, VT 05743