

School of Eclectic Art Class Registration Form

Please use a separate form for each class

Complete this form, include check made payable to MARY ANN INMAN
Mail to: School of Eclectic Art-Mary Ann Inman, 316 Church St., Clinton, WI 53525

Your Name _____

Address _____ City _____ Zip _____

Phone (____) _____ Cell (____) _____

Email _____

Class Name / Description _____

Class Location _____ Class Date(s) _____

Class Time(s) _____

inman_ma@yahoo.com © 608.676.4853 © www.schoolofeclecticart.com

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