

**CLASS AND WORKSHOP REGISTRATION FORM – PRE-REGISTRATION REQUIRED**

Please use this form when you register/pay by mail or in person. Checks should be made payable to **Cape Coral Art League**.  
Send the form & payment to: **Cape Coral Art League, 516 Cultural Park Blvd., Cape Coral, FL 33990**.  
For questions call CCAL at 239-772-5657 or Pat at 239-281-4544.

Name \_\_\_\_\_ Member \_\_\_\_\_ Non-member \_\_\_\_\_

<b>NON-MEMBER ONLY: Address</b> _____			
City	State	Zip	
Phone	Email address		

Class/Workshop Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Session(s) Dates: \_\_\_\_\_

**FOR OFFICE USE:** PAYMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TYPE \_\_\_\_\_ INITIAL \_\_\_\_\_ AMT. \$ \_\_\_\_\_

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