

# REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to register for the following courses (NO LIMIT on the number you may take; write on the back if necessary):

No	Course Name	Date	Cost	Fee	Total
Total					

All classes are **\$20** plus any fees if indicated. Cash or check only.  
Classes for children under 18 are **\$10** plus any fees.

No refunds will be offered unless the class is canceled by the instructor. Make checks payable to All Saints Church with "After Dark" in the Memo Line.