

Registration

Class Registration

Student Name: _____ If child, Age?: _____

Parent/Guardian Name: _____

Emergency Phone # _____

Address: _____

City: _____ St: _____ Zip: _____

Email: _____

Phone: _____ Cell? Yes No
circle one

Class Title _____ Price _____

Class Title _____ Price _____

Class Title _____ Price _____

Class Title _____ Price _____

Total _____

Checks made payable to LCCC
PO Box 883
Leland, MI 49654

We accept Visa, Mastercard & Discover

Card # _____ exp date: _____

Signature _____

Billing address IF DIFFERENT THAN ABOVE:

Other ways to register:

Call the OAB office ~ 231-256-2131

Online at ~ oldartbuilding.com