

ENROLLMENT FORM

Please enroll me in the following workshop(s):							
Please enroll me	ne in the following workshop(s):						
Workshop 1:	Date:						
2:	Date:						
3:	Date:						
4:	Date:						
My name:	email:						
Address:							
Postal code: Phone number:							
Method of Payment (check one):							
 I have enclosed a cheque/ money in the amount of \$for the full amount 							
0	 Charge the total course fee(s) of \$ to my MC or Visa credit card 						
 E-transfer payment to info@galleryonthelake.com 							
Card N	Number:Expiration Date:						

Return form to:

Signature (as on card):

The Gallery on the Lake, 335 Bayly St. W Ajax, ON, L1S-6M2 or via email to @info@galleryonthelake.com

As class sizes are limited, please return your enrollment form as soon as possible, And no later than 30 days before the course date.