

**I CAN'T DRAW A STICK FIGURE CLASS
REGISTRATION FORM**

Date of Class: _____

Name: _____

Address: _____

Phone (required): H: _____ C: _____

Email: (required) (please make legible): _____

Amount paid: \$ _____

Make Check payable to: SBFAG

Mail Check and form (keep a copy for yourself) to:

Treasurer

P. O. Box 9034

Catalina, AZ 85738