



Zepher Street Studio

Sweetman Allen Studio

Class / Workshop Registration Form

Class / Workshop Name: _____

Date / Time of Class / Workshop: _____

Deposit Paid: \$ _____ (Balance due on or before workshop)

Or

Full Amount Paid: \$ _____ Check # _____

Currently, we accept cash or check. We do not accept credit card payments

Please DO NOT send cash in the mail.

Your Information

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

Phone Number _____

Email _____

We promise we respect your privacy and your information will not be shared with others.

Send this registration form & check to:

Zepher Street Studio
1495 Zephyr Street
Lakewood, CO 80214-4130