

Chambers Pottery

CLASS REGISTRATION

Term: Spring Summer Fall Winter

Please print clearly.

Name: _____

Address: _____

STREET

CITY

ZIP

E-mail: _____

Day phone: _____

Evening phone: _____

Class Day and Time: _____

For kids classes

Parents Name: _____

Parents Contact phone: _____

Secondary Adult Contact Name: _____

Secondary Adult Contact phone: _____

Make checks payable to **Chambers Pottery**

Mail this completed form and payment to:

**Chambers Pottery
153 Chambers Street
NY, NY 10007**