



South County Art Association  
Class Mail Registration

Date \_\_\_\_\_

Student Name (s) \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name of Class \_\_\_\_\_

Date Class Begins \_\_\_\_\_

**Payment Method** (Choose One):

*Check (Enclosed)*

Amount \_\_\_\_\_ Check # \_\_\_\_\_

*Gift Certificate Redemption*

Name on Gift Certificate \_\_\_\_\_

Amount Redeemed \_\_\_\_\_

Gift Certificate Balance \_\_\_\_\_

Mail to: SCAA  
2587 Kingstown Road  
Kingston, RI 02881