Class Registration Form

Name				
Mailing Address				
City, State, Zip				
Cellphone			· · · · · · · · · · · · · · · · · · ·	
Email				
Contact will normally be by email address.				
Please list requested classes by title and date:				
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Have you taken the Beginning Glass Fusing Class?	Yes	No		
Do you have kilnforming experience?	Yes	No		
Do you have killionning experience:	100	110		
Email this form to: <u>Charles@wdsglass.com</u>				
We will send you an invoice for online payment.				
Thank you!				