

REGISTRATION FORM

WINTER SPRING SUMMER FALL

Classification: New Member Non-Member

Name _____

Address _____

City/Zip _____

Phone _____ Cell _____

E-Mail Address _____

No.	Class Name	
Day/Dates		Time
Instructor		Tuition

No.	Class Name	
Day/Dates		Time
Instructor		Tuition

No.	Class Name	
Day/Dates		Time
Instructor		Tuition

TOTAL AMOUNT ENCLOSED: \$ _____

Make checks payable to VAAL and send to:

**PO Box 530746
Livonia, MI 48153**

Phone: 734-838-1204
E-Mail: vaalart@yahoo.com
Website: vaalart.org