



HUDSON RIVER ARTS WORKSHOP, INC
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Registration

Name: _____ Birthdate: _____

Address: _____

Preferred telephone: _____ Email: _____

Class Day: _____ Class Fee Enclosed: _____

Children will not be admitted to class without a complete medical /release and consent form.

Please mail this form and payment to the address above or bring them it the first class.

Please make checks payable to Hudson River Arts Workshop.