

Art Attack Registration Form

Name or Parent's Name: _____

Address: _____

Phone: _____

E-mail: _____

Please detail any special needs or requirements (allergies, disabilities, etc.) _____

Class	Dates	Student Name

Total cost of classes: _____

Please mail your check or drop off your payment to:

The Art Attack
215 W. Elm St.
Sycamore, IL 60178