



PORTSMOUTH ARTS GUILD
CENTER FOR THE ARTS

P. O. Box 463
Portsmouth, RI 02871

REGISTRATION FORM

**PRINT AND RETURN WITH PAYMENT TO
PAG WORKSHOPS, P. O. BOX 463, PORTSMOUTH, RI 02871**

I would like to register for the following:

Name: _____

Street _____

City, State, Zip _____

Email: _____ **Phone:** _____

Amount enclosed: \$ _____

You will be notified following registration of what materials you need to bring to class. If your class has a materials fee, please pay that to instructor directly; don't include with your check. Refunds will be given up to one week prior to the start of class. No refunds if you withdraw a week or less before the start of class.

Return with payment to: PAG Workshops, P.O. Box 463 Portsmouth, RI 02871.

For any questions, please contact Wendy Berube, Registrar at
workshops@portsmoutharts.org