

Registration Form

Please complete the following form and return it with payment to the Latcham Gallery,
6240 Main Street Box 3 Stouffville ON L4A 7Z4 T: 905.640.8954 F: 905.640.6246.

NOTE: Most classes take place at our “Art Bunker” at 6297 Main St., in the basement.
Enter through the Market Street side door, opposite CIBC’s parking lot.

Name of Program: _____ Session Date (and time): _____

Student’s Name: _____

Which do you consider yourself? a beginner intermediate a professional artist

Address: _____

City: _____ Postal Code: _____ Phone #: _____

Email (Please add your address to receive Program notifications): _____

How did you find out about our program? _____

Payment by: Cash VISA Cheque (payable to the Latcham Gallery)

Visa Card #: _____

Expiry Date: _____ Name on Card: _____

Donations are a key source of funding for education programs of the Latcham Gallery.
Please consider making a donation. A tax receipt will be sent to you for your donation. Thank you!

Program fee: _____

Membership amount: _____

Donation amount: _____

Total Amount Paid

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As a participant in one of the Latcham Gallery’s programs, you will receive occasional mailings. We not sell or trade our mailing list. Please call the gallery if you do not want to receive these mailings.