



**GALLERY
ON THE LAKE**
Buckhorn, Ontario, Canada.

ENROLLMENT FORM

Please enroll me in the following workshop(s):

Workshop: _____ **Date:** _____

My Name: _____

Address: _____

Postal Code: _____ **Phone Number:** _____

Workshop: _____ **Date:** _____

My Name: _____

Address: _____

Postal Code: _____ **Phone Number:** _____

Method of Payment (check one):

- I have enclosed a cheque / money in the amount of \$_____ for the full amount
- Charge the total course fee(s) of \$_____ to my MC or Visa credit card
Card number: _____ Expiration Date: _____

Signature (as on card): _____

Mail form to:

Gallery on the Lake, P.O. Box 130, Buckhorn, ON K0L 1J0

or

Fax: 705-657-1078

As class sizes are limited, please return your enrolment form as soon as possible,
and no later than 30 days before the course date.