



REGISTRATION FORMS

Please print clearly,
filling out one registration
form per student.
**Cut out on the
dotted lines and mail to:**
Artlab Inc.
500 North Avenue East
Westfield, NJ 07090

Student's Name _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail address _____

Classes are held Monday thru Saturday,
request class title, day and time.

1st choice _____

2nd choice _____

Amount Enclosed \$ _____

Make checks payable to:
Artlab Inc.
500 North Avenue East • Westfield, NJ

Student's Name _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail address _____

Classes are held Monday thru Saturday,
request class title, day and time.

1st choice _____

2nd choice _____

Amount Enclosed \$ _____

Make checks payable to:
Artlab Inc.
500 North Avenue East • Westfield, NJ

Student's Name _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

E-mail address _____

Classes are held Monday thru Saturday,
request class title, day and time.

1st choice _____

2nd choice _____

Amount Enclosed \$ _____

Make checks payable to:
Artlab Inc.
500 North Avenue East • Westfield, NJ