

PACO Workshop Registration Form

Date _____

Class _____

Fee \$ _____

Please Check method of payment:

Check (Enclosed) Cash (Please do not mail cash)

Mastercard Visa

_____ - _____ - _____ - _____ Expiration date _____

Card Holder Signature _____

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

How did you hear about the class? _____

Other classes of interest _____

Are you interested in learning more about PACO? Yes No

Mail completed form to: PACO Arts Academy, 329 Railroad Ave., Pittsburg, CA 94565
Or Fax to: 925-439-0831