

**Gateway Decorative Artists Program
Registration Form**

Program _____

Date _____ Date _____ Date _____

Class Fee _____ Surface/Supply fee _____

Name _____ Phone _____

Address _____ City/Zip _____

Email _____ Amount _____ Cash ___ Check ___

Send to Barbara Ogden, 1424 Cave Springs Estate Drive, St Peters, Mo. 63376
For questions call: 636 928-5503 or email: program@gatewaydecorativeartists.com