

**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](mailto:program@gatewaydecorativeartists.com)