
Zanesville Art Center
Class
Registration Form

Name(s) _____ Age (if child) _____

Address: _____

City, State & Zip: _____

Phone (day): _____ (evening): _____

Email: _____

ZAC Member: _____ or Non-member: _____

Class: _____ Start Date: _____

Teacher: _____ Fee: _____

Checks should be made payable and mailed to: Zanesville Art Center
620 Military Road
Zanesville, OH 43701
(740) 452-0741

* Questions contact: govona@zanesvilleartcenter.org

