Capitol Arts Network Registration Form

Personal Information

Name:	
Address:	
City, State, Zip:	
Daytime Phone:	
Evening Phone:	
Cell Phone:	
Email Address:	

Class Information

Section	Name	Cost
	Total:	

Please send this completed form and your check for the amount above to:

Capitol Arts Network
P.O. Box 7541
Gaithersburg, MD 20898

Please make checks payable to Capitol Arts Network.

If you have any questions, please contact Capitol Arts Network at
301-661-7590 or by email at info@CapitolArtsNetwork.com