

# Northup Studio

## Course Registration Form

Course Name: \_\_\_\_\_

Course Meeting Dates: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

To enroll please mail this form along with a \$50 deposit payable to Jolene Northup. The balance will be due at the time of the class.

Mailing Address:

Jolene Northup  
PO Box 1175  
Crooked River Ranch, OR 97760

Northup Studio  
Phone: 541-350-3356  
E-mail: [Jolene@NorthupStudio.com](mailto:Jolene@NorthupStudio.com)