

Ager Language and Folk Art Class Registration

Class Title: _____

Amount of Fee Enclosed (current—2018—Ager Association member): \$_____

Amount of Fee Enclosed (nonmember): \$_____

Name of Student: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Email: _____

Please make checks payable to: The Ager Association

Send completed form and payment to:

The Ager Association
Ager Classes
P. O. Box 1742
Eau Claire, WI 54702-1742