

Rare Adornment Class Registration Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Class Name: _____

Date: _____

Amount Enclosed: _____

Payment Type: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code: _____

CCV (3 digit number on back of card): _____

Signature: _____

Please mail this form along with your payment to:

Leigh Ann Prier
13513 Midland Dr.
Shawnee, KS 66216

You will receive a confirmation when payment has been received. Thank You!