

**Bismarck Art & Galleries Association  
Class Registration Form**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Class** \_\_\_\_\_

**Dates of Class** \_\_\_\_\_

**Time of Class** \_\_\_\_\_

**Registration Fee Enclosed \$** \_\_\_\_\_

Return Registration Form to: BAGA, 422 East Front. Ave., Bismarck, ND 58504  
701-223-5986 [baga@midconetwork.com](mailto:baga@midconetwork.com)