



Dan Mackerman Studio

1824 Eustis Street • Lauderdale, MN 55113
macke033@umn.edu • www.mackermanstudio.com
Phone: (651) 644-4144

Registration Form

Name _____
Address _____
State _____ Zip Code _____
Home Phone _____ Cell _____
Email Address _____
In Case of Emergency Name _____ Phone _____

Course Description	Tuition	Day	Time

All Checks Payable to: **Dan Mackerman**

Signed _____ Date _____

Thank You!