

# LES CHENEAUX ARTS COUNCIL

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

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

City, State, Zip: \_\_\_\_\_ Is this summer or winter? (circle one)

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Is this summer or winter? (circle one)

e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Register for a Class(es). . . .

Class Name : \_\_\_\_\_ Date: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

Class Name : \_\_\_\_\_ Date: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

Class Name : \_\_\_\_\_ Date: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

Class Name : \_\_\_\_\_ Date: \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

For more information or suggestions for future classes please call: Peggy Patrick (906) 484-3356 or Susie Risher (602) 997- 4466

## Become a FRIEND . . . .

Yes, I would like to become a Friend of the Les Cheneaux Arts Council \$20 x \_\_\_\_\_ \$ \_\_\_\_\_  
(suggested donation \$20 per person)

**Total Class Fees** \$ \_\_\_\_\_

**Total Enclosed** *Make checks out to LCAC* \$ \_\_\_\_\_

## Volunteer . . . .

We encourage those of you who have taken classes or are considering joining a class this summer to take part in some aspect of our program. Please indicate an area of interest or experience:

\_\_\_\_\_ Education Committee /planning classes

\_\_\_\_\_ Computer skills/spread sheets, desktop publishing

\_\_\_\_\_ Summer Volunteer

\_\_\_\_\_ Event Planning (Open Houses and Art Show set-up and take down)

\_\_\_\_\_ Class mentor (Assisting the artist/students, signing up walk-in students, assisting in the clean-up process, etc.)

\_\_\_\_\_ Contact artists who would be interested in teaching summer class(es)

\_\_\_\_\_ Publicity/Marketing

\_\_\_\_\_ Teach a summer class next year

Please make checks out to LCAC and return to:

Les Cheneaux Arts Council  
P.O. Box 536  
Cedarville MI 49719