

Mail completed registration form to:  
Cathedral Arts Program  
Trinity Episcopal Cathedral  
147 NW 19<sup>th</sup> Ave  
Portland OR 97209

Classes/events names & dates \_\_\_\_\_

\_\_\_\_\_

Names of participants \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City&State \_\_\_\_\_ ZipCode \_\_\_\_\_

Day Tel. Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Pay by:

Check Enclosed \$ \_\_\_\_\_ (make payable to Cathedral Arts Program) *or*

MasterCard/Visa account number:

\_\_\_\_\_

Expiration date: \_\_\_\_\_ Three-digit security code from card reverse \_\_\_\_\_

Card holder name \_\_\_\_\_

Card holder signature \_\_\_\_\_