

*Qwartz School*  
*Arts & Hearts Association*

*classes sign up form*

title of the course/lecture/workshop chosen:

\_\_\_\_\_

first name:

\_\_\_\_\_

surname:

\_\_\_\_\_

email address:

\_\_\_\_\_

phone:

(     )     —

mailing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

birth date:

\_\_\_ / \_\_\_ / \_\_\_

payment method:

\_\_\_\_\_

(Please make checks payable to World of Healing)

signature: \_\_\_\_\_

date: \_\_\_\_\_

**Our contact information:**

*Arts & Hearts Association*  
33 S Loudoun St  
Winchester, VA 22601



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(540) 845-3543