

Cary Arts Center

Studio Arts Specialty Classes Request Form

(woodworking, clay and sewing)

Date _____

Name of Organization: _____

Contact Name & Phone: _____

Email: _____

Address: _____

Type of Workshop Requested (woodworking, clay or sewing):

Number of Participants and their Age Range: _____

Preferred Date(s) & Time(s): _____

Comments/questions/special requests: _____

Email to: Andi Dees, andi.dees@townofcary.org

Requesting party will be called back within a few days