

Register here

SUMMER 2017 CREATIVE WORKSHOP REGISTRATION FORM CREATIVE WORKSHOP SUMMER 2017

COURSE CODE & TITLE-----

STUDENT #1 -----

AGE/BIRTHDATE (CHILD ONLY) -----

DAY/TIME-----

ADULT'S NAME (CHILDREN'S CLASSES)-----

RELATIONSHIP TO CHILD-----

ADDRESS WITH ZIP-----

HOME PHONE-----

CELL PHONE-----

BEST PLACE TO REACH YOU (REQUIRED) HOME CELL

EMAIL (TO CONFIRM REGISTRATION) -----

ADULTS AUTHORIZED TO PICK UP YOUR CHILD -----

ANYTHING ELSE WE SHOULD KNOW?-----

I GIVE PERMISSION FOR THE USE OF PHOTOS AND VIDEO OF MYSELF AND / OR MY ARTWORK IN MEMORIAL ART GALLERY PUBLICATIONS.

I GIVE PERMISSION FOR THE USE OF PHOTOS AND VIDEO OF MY CHILD AND / OR MY CHILD'S ARTWORK IN MEMORIAL ART GALLERY PUBLICATIONS.

HOW DID YOU HEAR ABOUT THE CREATIVE WORKSHOP?

PAST/CURRENT STUDENT Facebook AD Emailer what's App

OTHER

