



WORKSHOP REGISTRATION FORM

WORKSHOP NAME: _____

ARTIST: _____

DATE: _____ TIME: _____

NAME OF ATTENDEE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

AMOUNT PAID: _____

Please note: **Deposits are non-refundable.**

Deposits will be held until the class has been finalized. Refunds will be given ONLY if the class is cancelled.

ATTENDEE SIGNATURE: _____ DATE: _____

We look forward to having you join us for this workshop. If you have questions, please contact:

Bibi Blonn, Education Coordinator

36svdiscovery@gmail.com