

English Harbour Arts Centre **WORKSHOP REGISTRATION FORM FOR ADULTS**

PERSONAL INFORMATION

| | | |
|---|-----------------------|--------------------------|
| First Name | Last Name | Known As |
| Male/Female | Age | |
| Mailing Address | City | Province/State |
| Postal/Zip Code | Country | Email Address |
| Home Phone | Mobile Phone | Workplace Phone |
| Medical Conditions or Special Needs (Optional) | | |

FOR VISITORS TO THE REGION: ACCOMMODATION

| | | |
|---------------|-----------------|----------------|
| Town | Room # | Phone |
|---------------|-----------------|----------------|

WORKSHOP

.....
Workshop Name

.....
Workshop Dates

.....
Workshop Fee

PAYMENT

50% Reservation Fee Full Payment

Cash Cheque Visa MasterCard

.....
Card Number

.....
Expiry Date

.....
Signature

► **The English Harbour Arts Centre** has my permission to use photographs, video and audio recordings of me, and documentation of my artwork in future publications, web pages and other promotional materials produced, used by and representing the English Harbour Arts Centre. I understand the circulation of the materials could be worldwide and that there will be no financial compensation to me for this.

.....
Signature and Date