



Registration Form

Please return this application with deposit,
a check made payable to Shawnee Falls Studio
for the amount of:
\$50 for Class or \$200 for the Workshop.
Remainder due at first class meeting;
for workshops, due as noted in workshop information.

STUDENT NAME: _____

STUDENT ADDRESS: _____

STUDENT PHONE: _____

STUDENT EMAIL: _____

CLASS OR WORKSHOP TITLE: _____

Spouse to share room (workshop only): yes no

EMERGENCY PHONE NUMBER: _____

In the unlikely event of accident or injury while in the studio, I agree not to hold Shawnee Falls Studio responsible.

SIGNATURE: (signature of student-or parent if student is under 21 years of age)

