



# Registration Form

Please return this application with deposit,  
a check made payable to Shawnee Falls Studio  
for the amount of:  
\$30 for Class or \$400 for the Workshop.  
Remainder due at first class meeting;  
for workshops, due as noted in workshop information.

STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

STUDENT PHONE: \_\_\_\_\_

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)

\_\_\_\_\_

