

EXPLORATORY ART STUDIO

WORKSHOP REGISTRATION

The information contained in this application is confidential and will not be shared with any other party. **Please print clearly.**

PARTICIPANT INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

LAST NAME _____ FIRST NAME _____ MI _____

PHYSICAL ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ TYPE _____

ALT. PHONE (____) _____ TYPE _____ E-MAIL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____ CITY _____

STATE _____ ZIP _____ PHONE (____) _____ TYPE _____

ALT. PHONE (____) _____ TYPE _____ E-MAIL ADDRESS _____

CLASS AND PAYMENT INFORMATION

WORKSHOP NAME _____ DAY(S) _____ TIME _____
Ex. MARBLING TUESDAYS 4:30 - 5:30

TUITION \$ _____ PAYMENT OPTIONS: CHECK ENCLOSED** VISA MC

CARD NUMBER _____ CVU No. _____

EXP. DATE _____ NAME ON CARD _____

CARDHOLDER SIGNATURE _____

** Please make check payable to **Snook Art, LLC**

WORKSHOP POLICIES

- WORKSHOPS ARE NON-REFUNDABLE
- THERE ARE NO CREDITS FOR NO-SHOWS
- CANCELLATIONS REQUIRE A 24-HOUR NOTICE IN ORDER TO RECEIVE A WORKSHOP CREDIT

I HAVE READ AND UNDERSTAND THE WORKSHOP POLICIES. INITIAL _____

HOW DID YOU HEAR ABOUT US? _____