

ArtaRoundTown Workshop Registration

Name (student) _____

Home Phone _____ Alternate phone #'s _____ / _____

Mailing Address _____ email _____

For under 18 only- to be completed by Parent/Guardian

Parent/ Guardian Name _____

Emergency Contact _____ and phone number _____

Health card # _____

Consent to take photos _____

Name of Workshop _____

Workshop Instructor _____ Workshop Location _____

Workshop date _____

Cheque payable to: ArtaRoundTown

**Please send cheque and registration form to 'ArtaRoundTown'
Workshop Committee
Box 353, Exeter, ON, N0M 1S6**

See details on our website www.artaroundtown.net

or

email artaroundtownx@gmail.com

Please Register **no later than two weeks before workshop date (unless stated otherwise)**