

Sorensen's Studio of Fine Arts
Registration Form for Week Long Workshop

Send this form to:	From Dec-May 15 Sorensen's Studio of Fine Arts 5088 Rue Sainte-Marie Montreal, QC H4C 1X5 Canada 514-931-9189	From May 15-Nov Sorensen's Studio of Fine Arts PO Box 172 Woody Point, NL A0K 1P0 Canada 514-216-8719
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Name: _____
Street: _____

City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

Phone: **Home** _____

Work _____

I would like to sign up for the following workshop:

Workshop Name: _____

Date: _____

Final payment of \$_____ Canadian should be dated and received one week prior to commencement of workshop. My deposit for \$_____ Canadian is included in the format below (check one.)

- Check payable to **Sorensen's Studio of Fine Arts Inc.** payable at a Canadian bank
- International Money order payable to **Sorensen's Studio of Fine Arts Inc.**

I have read and accept the policies stated in this agreement. I understand that I participate in the workshop at my own risk and hereby release Lise Sorensen and Sorensen's Studio of Fine Arts from any and all actions, claims, demands for damages, loss or injury however arising which may be sustained in consequence of my participation in the workshop activities. I understand that my deposit is only refundable if I cancel in writing before the closing date of my workshop as stated on this form.

Date _____ Signature _____